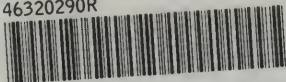


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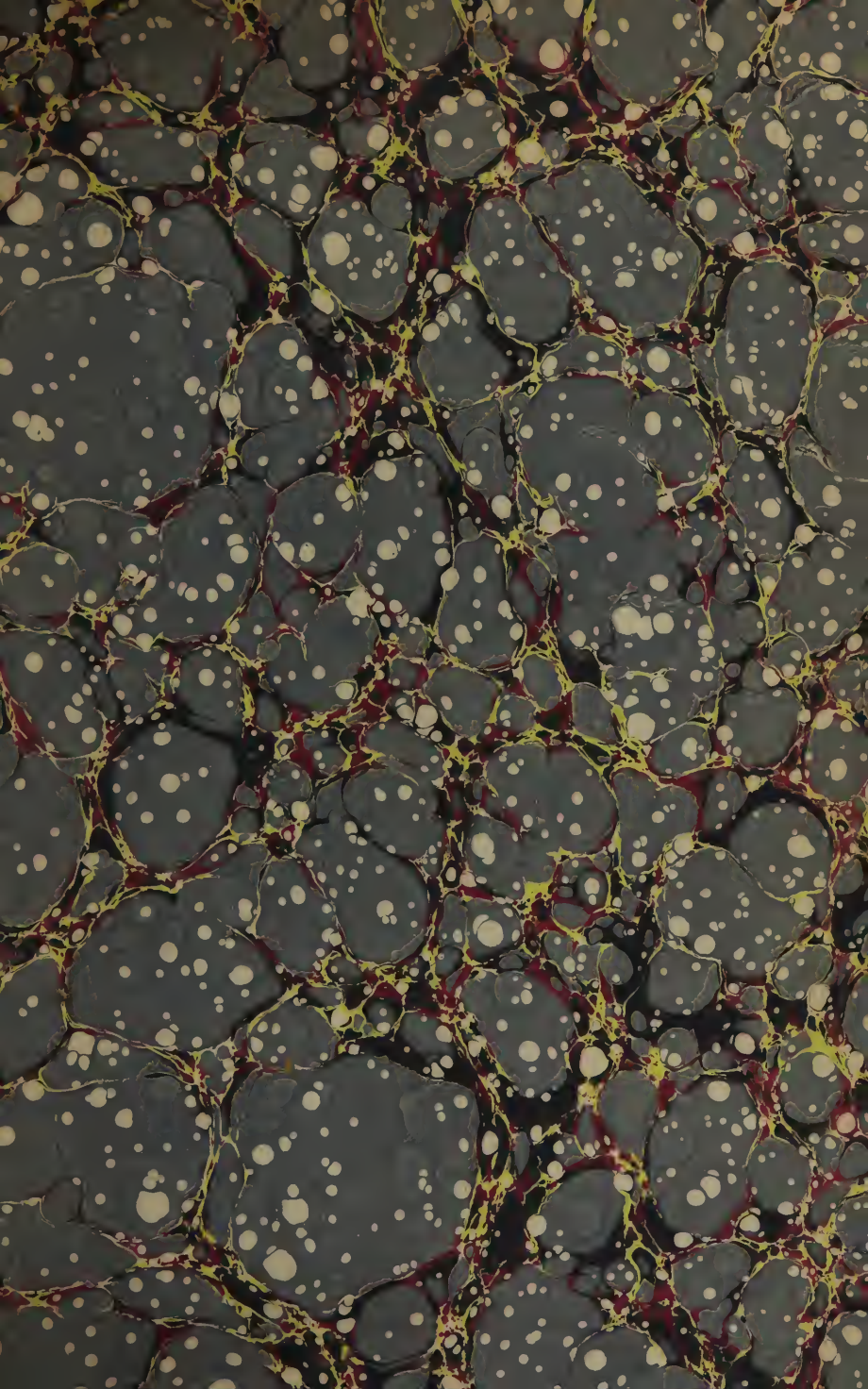
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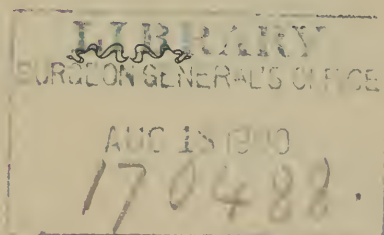
A CENTURY OF PROGRESS

IN SURGERY

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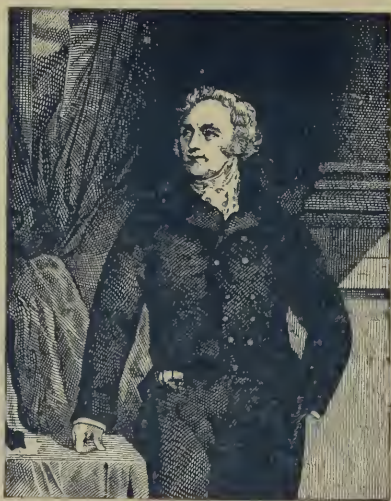
ILLUSTRATED BY MORE THAN
THREE HUNDRED ACTUAL
CASES OF RECENT TREATMENT

FROM
SIR ASTLEY COOPER
TO
THE PRESENT DAY



PHARMACAL COMPANY PRINT
NORWICH, NEW YORK

1899.



SIR ASTLEY COOPER, BART.

PROGRESS IN SURGERY.

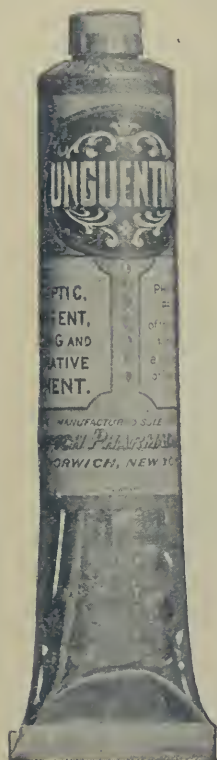
The great demand of the general practitioner as well as of the surgeon has been for a thoroughly antiseptic surgical dressing, put up in a thoroughly antiseptic container. The more advanced authorities have become averse to jars and other receptacles which expose a large surface of their contents to contamination and auto-infection, whenever the lid or cover is left off or insecurely replaced. It is not an exaggeration to say that the progress which has been made is largely indebted to antiseptic preparations and aseptic methods.

To-day the essentials of an ideal surgical dressing are: (*a*) that it shall be antiseptic in effect, in substance and in its container; (*b*) that it shall be permanent—not affected by climate, age or conditions; (*c*) that it shall be non-irritating—slight astringency is a prime desideratum in healing, while irritation destroys the formation of tissue, and (*d*) that it shall be constructive—stimulate cell growth, destroy the proliferation of bacteria and induce pink granulation.

Furthermore, the progressive surgeon calls for a container which is thoroughly antiseptic; convenient to carry in the pocket or satchel without risk of soiling the surrounding articles; clean to handle and always at hand for minor work; the entire package uniform in price and inexpensive.

Unguentine satisfies each and all of these requirements. For the verification of this claim we refer the inquiring

physician, first in time to the following very exhaustive though condensed reports of more than three hundred actual cases recently reported; but first in importance we refer him to a trial of Unguentine in daily practice.



This ointment was originated a century ago by England's now famous Sir Astley Cooper. However, we speak of his as an age of crudeness in pharmaceutical products. Yet upon his foundation, which was lasting, our age has built an improved structure. He recognized the inestimable healing properties of alum, but neither he nor his contemporaries knew of a process by which to eliminate the irritating qualities; and we find such writers as Professor Paige saying even to-day, "Only 10 grains of alum can be used in an ounce

of ointment. More will cause irritation." Nevertheless, Unguentine contains over 30 grains to the ounce, without causing the slightest irritation. By a protected process, exclusively our own, we eliminate all the irritating properties. This is combined with 2 per cent. of carbolic acid, 5 per cent. of ichthyol, with a pure petrolatum base free from taste, odor or acidity, which makes Unguentine a perfect surgical dressing. A dressing upon which every practitioner and surgeon can depend in any case of external inflammation. Price, 25 cents per tube.

DIRECTIONS

First cleanse thoroughly with lukewarm water and pure soap and then dry the part. Spread the ointment thickly on cotton, linen cloth or lintine, of sufficient size to cover the diseased surface and fasten the whole securely with a bandage or adhesive plaster.

More specific directions are given in connection with the reports of the various cases which follow. For a complete alphabetical index of the diseases included herein, see page 125. The reports are so full and so many excellent ones have had to be omitted entirely, that we will be pardoned for extreme brevity in order to get at the pith of each case without flourish of wordiness. All the cases have been renumbered consecutively for this edition.

ABRASIONS.

CASE 1. "I have tried Unguentine in a number of cases of *abrasions*, pruritis-ani, etc., and have used it as a dressing for burns and wounds with perfect satisfaction."

J. W. L.¹

CASE 2. "In a case of abrasion on the penis, the glans was sore and excoriated, very red and tender and would bleed at the touch. Two applications of Unguentine made a wonderful change, and in a very short time it was well. I do not hesitate to say that I regard it as a superior preparation, having a wide range of application in skin diseases."

A. M. C.²

CASE 3. "I find Unguentine a pleasant and efficient application in all kinds of *abrasions*, burns, ulcerating surfaces, etc. It is soothing, healing and possesses sufficient antiseptic qualities to render it a valuable aid to the surgeon in treating all such cases."

O. W. B.³

1 Dr. J. W. Langford, Wardboro, Idaho.

2 A. M. Collins, A. M., M. D., Shelbyville, Ill.

3 Prof. O. W. Baines, M. D., Prof. of Surgery, Bennett Med. Col., Chicago

ABSCESS.

CASE 4. "In the case of an abscess of the hand which had been very painful for two nights I applied Unguentine. It relieved the pain and cooled the fever in the hand and arm in a few hours."

J. W. M.¹

CASE 5. "I applied Unguentine in a very painful case of abscess of prepuce. It acted like a charm, relieving the pain almost instantly. I cannot afford to be without so valuable a remedy."

J. W. M.²

ACNE.

CASE 6. WONDERFUL POWERS OF ABSORPTION. "I have tried all manner of local applications in combination with tonics but never had any success until I used Unguentine. Its powers of absorption are wonderful, so much so that it needs no bandage in cases of this kind. It is cooling as well as healing and it is strictly antiseptic and seems to possess a good stimulating quality. I think the case is entirely cured, and with a short continuance of constitutional treatment it will not occur again."

L. W. L.³

ACUTE ADLENITIS.

CASE 7. "I used Unguentine in a case of acute adenitis in a child of two years of age. It had been treated by the family physician for a week when I was called and had received the general routine treatment with daily application of tincture of Iodine. Examination revealed both sides of neck badly swollen, the swelling on right side extending down over the shoulder, with all appearance of a fast approaching abscess. There was a high fever and the child suffering from pain so that it got no rest day or night, although anaclmer had been freely given. I made a free use of Unguentine to the entire swollen and inflamed surface, driving it in with a hot iron. In half an hour child was asleep. Ordered cloth smeared with the ointment and applied over the entire range of inflammation and changed three times a day. Inflammation and swelling all gone, child never complained of pain after first application."

"Here was an abscess aborted and entire relief from pain accomplished with Unguentine, unaided by any other treatment. Unguentine will hereafter occupy an important place in my armamentarium."

H. B. A. ⁴

AMPUTATION.

See Surgery, page 96.

1 Dr. J. W. Mires, Haynes, Ark.

2 See note 1 above.

3 Dr. L. W. Lord, West Ossipee, N. H.

4 Dr. H. B. Akins, Hollis, Ark.

ANTISEPTICS.

THEIR APPLICATION.

In this aseptic age of progress when everyone seems eager to glean all of the truths and principles tending to the complete purity of their surroundings, it is well for the general practitioner to know, as well as quarantine officers, something of the special character of contagious agencies, and the mediums favoring dissemination, together with the chemical remedies which destroy or arrest them.

There are germs which affect various animals in varying degrees, according to the state of health, and the age of the victim. For instance, if the guinea pig be inoculated with but a single anthrax bacillus, symptoms of general infection shortly occur, and death of the animal is the invariable result. If a very young rat be so inoculated there will probably be violent symptoms, followed it may be even by death, but there is a degree of resistance to the poison which is plainly to be seen. If the bacillus of anthrax be introduced into the body of an old matured rat, the symptoms of systemic infection will be mild, and the bacilli will soon perish in the animal's blood. If the frog be inoculated with anthrax the bacilli begin immediately to die out at the seat of introduction, without the supervision of any systemic disturbances whatsoever. For a long time it was believed that the frog's blood was merely an unfit pabulum for the development of anthrax bacilli; but later investigations have shown conclusively that the exemption is entirely due to the very rapid phagocytic action of the leucocytes of the blood. How is it accomplished? In this manner, namely: The wandering white blood cells, which have been euphronously termed leucocytes, possess some of the characters of the ameboid cells of sponges, and other protoplasmic substances, which take in their food by a process of surrounding it in toto. These cells are, in the blood of some animals, especially active in feeding upon certain bacteria, taking in and digesting the bacillic spores, before constitutional symptoms are superinduced. It has been well proven by the Russian observer, Metschnikoff, and Lord Lister, of London, that the introduction of bac-

teric poison under the skin of animals attracts a great influx of the white migratory cells to the locality of infection, whereupon they begin to surround *enmasse* the infected spot, and forthwith devour to the fullest extent of their capacity the offending poison. It is, therefore, probably this phagocytic action of the leucocytes which renders some animals exempt from certain diseases. Then again, there are certain diseases which cannot be artificially inoculated upon certain healthful animals; while the affection may spread with alarming ease among those weakened by exposure to hard weather and ill-nutrition. For instance, healthy sheep cannot be artificially inoculated with scab, since the *acarus*, which produces the special itching, cannot implant itself upon the superficial layer of a clean, robust skin sufficiently long to colonize. And those weakened animals that became affected under unfavorable circumstances can be cured by a clean system of stabling, full feeding and ventilation—no further antiseptics being required. Then still again, there are certain portions of the human body which are specially invaded by special disease germs which display a tendency to colonize most easily and abundantly upon certain unvarying seats of predilection. For instance, note the throat lesion of diphtheria, the skin lesion of smallpox, the glandular lymphatic lesion of plague, the general enteric lesion of cholera, the local intestinal lesion of typhoid fever, the eruptions of scarlet fever, syphilis and measles. It is easy to see that the discharges, exfoliations and desquamations which proceed from these virtual breeding hot-beds, namely: the bowels in cholera, the throat in diphtheria, the skin in smallpox and scarlet fever—are more abundantly supplied with the active particles of contagion than are the remote juices of the body, and hence should be more zealously guarded since they may, with great facility, under favoring circumstances, be carried to other individuals by means of the air, food, water or inanimate infected objects.

In order, therefore, to accomplish the greatest amount of good toward preventing the spread of disease, a system of local and antiseptic treatment should be always inaugurated, whereby all feculent discharges, pustular scabs, dead

epidermic scales, and casts of putrescent membrane, are so devitalized that, for a brief time at least, they are rendered practically inert. This may, in some instances, be done in great measure by administering a safe, reliable antiseptic drug internally at regular intervals; by spraying the throat or mopping the fauces with a germicidal solution and by lubricating the surfaces of the skin when it is scaly, pustular, or covered with eruptions, using an antiseptic and healing ointment, like Unguentine, that will prevent the escape of particles of dead exfoliated skin, until rendered non-infective.

For further and more extensive endeavors in the line of cleanliness as applied to apartments, bedding, refure, clothing and the like, heat may be of the greatest service. In the matter of purifying diminutive fabrics, such as underwear and the lighter pieces of bed covering, boiling is the most convenient mode of applying heat; and it has the advantage over dry heat of sterilizing without injury to the garment's texture. Woolen, cotton and linen may be boiled, if thought necessary, for five or six hours, though probably very much less time would be sufficient to kill all forms of contagia susceptible to sterilization in this manner.

There are several kinds of fungi, bacteria and vibrias which are killed with a degree of heat something even lower than the boiling point, but insomuch as there are others, namely, penicillium, glaucum, oidium, auriantiacum, etc., which require a heat of two hundred and sixty to four hundred, Fahrenheit, it is probably better in all cases where there is doubt as to the character of the germ to be disabled to boil several times over, since it has been repeatedly shown that some bacilli may resist a very high pressure of intense heat for a time, succumbing easily, however, to several successive applications of the two hundred and twelve mark of boiling heat. In the matter of sterilizing bedding and other such cumbersome belongings of a sick chamber, dry heat may be used with satisfactory results. It may be employed in the form of hot air, which is sometimes obtainable of sufficient intensity in the drying rooms of modern laundries. Failing in this the materials may be purified in a baker's oven by exercising constant care. It is

advisable, prior to such procedure, to soak all available objects in a solution of some antiseptic chemical.

These are emergency measures for private practice in small towns.

The hospitals of modern cities, no matter how small, should always be fitted out with a steam cylinder for sterilizing cotton, hair and feather bedding, together with the general appurtenances required in the treatment of infectious diseases. Dry heat, when applied with an intensity exceeding two hundred and twelve degrees Fahrenheit, will scorch the texture of clothing within a short time; whereas a lower temperature will, in very many instances, not sterilize at all; therefore, it will be seen that the process requires careful supervision unless it be under the guidance of a mechanical governor and meter.

Another method, which is always available for purifying clothing, is by the process of soaking in chemical solutions a sufficient length of time to kill the spores of infection. This mode has been much employed in military circles, and is regarded as quite efficient.

The English use a preparation containing one gallon of the strong commercial solution of chloride of lime to twenty gallons of water.

The French use a solution of the chloride of zinc, one part to two hundred and forty parts of water.

In this country and in Russia solutions of carbolic acid, one part to twenty of water; and bi-chloride of mercury, one part to five hundred of water, are used alternately as occasion requires.

These various modes are all founded upon the one fundamental principle of antisepsis, and are probably, every one of them, effective in producing sterilization in twenty-four to forty-eight hours, though it is well after resurrecting to administer a rigid cleansing with soft soap and water, to follow this with boiling for two or more hours; to then subject them, when it is practical, to drying in a hot air chamber where the temperature is two hundred degrees Fahrenheit.

It has been said that the ordinary gray-back body louse, so common among soldiers, has occasionally surviv-

ed even these potent measures, but has never been seen to recover after a second application.

In the matter of fumigation of infected rooms—clothing included if necessary—and bedding too, if the thicker pieces be ripped apart—the safest and most economical method is probably by burning sulphur in metal vessels, to be ignited after pouring a few drops of alcohol over the yellow powder. The usual size of rooms, in the ordinary residences of this country, will approach in round numbers, three thousand cubic feet; hence, three pounds of sulphur will be required to furnish a requisite volume of fumes to cover the area of space. When quite small rooms, and enormously large wards or halls, are to be fumigated, the proportions are to be relatively selected in consonance with the above figures. The rooms should be closed—all key-holes and cracks chinked—for at least three hours, after which the quarters should be thrown widely open to receive every available draught of air for full twenty-four hours before it can be considered a fit habitation. The sulphurous acid which is generated upon the ignition of sulphur is known to decompose hydrogen sulphide, bleach pigments, purify foul miasms, attack and in great measure destroy the infectiveness of even large particles of organic matter, and to devitalize all of the various spores which may have found lodgment in minute crevices.

Another highly satisfactory mode consists in evolving chlorine gas by moistening small quantities of chloride of lime in small tin vessels placed in the corners of the room—entrances and exits to be immediately closed. This is probably the most rapid means of destroying infection by fumigation. If it should be deemed advisable to keep a quantity of chlorine gas stored up, to be used as occasion warrants, it can be prepared by taking two ounces of table salt, one-half ounce red lead, one wineglassful of sulphuric acid and one-half gallon of water; put the lead and salt in the water and stir until dissolved, after which pour the sulphuric acid into the mixture slowly; whereupon chlorine gas is generated, and is forthwith absorbed by the water, which will be observed to drive the gas out gradually and quite effectively—whenever the jug or jar containing it is

unstoppered. This is a convenient mode of making occasional applications of chlorine vapor, when, from any cause, general fumigation cannot be attempted. Another quite convenient means of partially purifying the air of rooms, closets, etc. is by the use of euchlorine gas, which can be generated by adding, say, two grains of chlorate of potassium to a tumbler half full of pure muriatic acid every two minutes, until the gas appears. The odor is not as objectionable as chlorine gas, and it is claimed to be very prompt in arresting the smell and infectiveness of organic matter. There is no danger of explosion in its production by the foregoing directions.

Another reliable process of cleansing the atmosphere of apartments is by the dissemination of ozone, which can be accomplished by dropping a stick of phosphorus into a wide-mouthed bottle half full of moderately warm water, in such a manner that one end of the phosphorus may appear and remain above the surface of the water. Another means, in the absence of the former, consists in mixing, quite slowly, one pound of pure sulphuric acid with eight ounces of permanganate of potash. This method has been much used in oxidizing and destroying putrescent odors—particularly in malignant epidemics of cholera, plague and smallpox.

Another vigorous and certain mode of attacking foul air consists in the application of nitrous acid, which is readily prepared by putting a small coil of pure copper wire in a bottle of pure nitric acid; red fumes are soon evolved, which are highly destructive to organic matter. This vapor is probably the very best deoderant for the effluvia arising from cadaver; hence it is much used by undertakers, and keepers of dead houses, and in dissecting apartments. Iodine is quite a valuable agent for fumigating purposes, and it is most easily applied by placing a few crystals of the drug upon a heated plate. It is said that this mode is followed by very prompt arrest of putrifactive odors.

Bromine is a very powerful and highly irritating vapor, and should be more particularly directed to the purification of the outside air of premises, namely—cellars, cess-pools and the like. It has been successfully and exten-

sively used in military quarters, and can be quickly prepared by exposing in saucers or open dishes a solution of bromine in bromide of potassium.

If none of the above mentioned methods are available, the pure crystals of carbolic acid may be placed in several saucers in convenient places about the infected room; or the liquid acid, one pound to two pounds of sulphuric ether may be mixed and exposed in a number of places; also one part of liquid carbolic acid to nine parts of vinegar may be used likewise. These measures do not, however, exert more than a deodorant power: yet they may, in the absence of anything better, be of some service in the process of purifying the air of rooms during occupancy. Other measures which may be likewise tried consist in the exposure of partially pounded charcoal, quicklime, the carbolates of magnesium and calcium, and a mixture of equal parts of coal tar and unslacked lime. It is a well known fact that these solid air purifiers absorb a considerable amount of the foul vapors of contaminated atmosphere, and are to be recommended in all instances where apartments can not be ordered vacated.

It is almost needless to suggest the impossibility of fumigating with the vapors of nitrous, sulphurous, chlorine and other strong gases while houses are occupied, since human beings would, along with the spores of infection succumb to the influence of the deadly vapors.

In reference to the use of disinfectants in the treatment of certain epidemic diseases and infectious maladies, how best to sterilize the secretions, excretions and exfoliations from the special seats of the various lesions. In typhus fever there must emphatically be no crowding, but, on the contrary, an abundance of ventilation. All clothes, bedding and infected trappings, together with the room, must be fumigated with nitrous acid at the earliest possible moment after the recovery or death of the patient. Inasmuch as there is at least a similarity between typhus fever and bubonic plague, the latter disease should be managed in a similar manner. In cholera, the flaccid, rice-water motions from the bowels, which are, of course, the most rife with the specific poison, should be cast immediately into a tub

of mercuric corrosive solution, one part to five hundred of water, together with every soiled garment, to soak forty-eight hours--carbolic solution, one part to twenty, may be used if preferred. In yellow fever the ejectas from the stomach should be treated in like manner. The enteric dejectas of typhoid fever and dysentery, when of specific origin, should always be disinfected. The skin lesions of erysipelas, smallpox, syphilis and glanders should be coated with an antiseptic retaining ointment, of which Unguentine is the most satisfactory preparation. This prevents the flying of contagious particles of necrotic skin, and fosters a tendency to rapid repair of broken down cuticle, which is of very great service--particularly in erysipelas and smallpox. The desquamative stage of scarlet fever should be similarly treated, as also the measly eruption of rubeola--thus favoring, at least in part, the confinement of the poison. Every contaminated object, such as handkerchiefs, bandages, cotton, underclothing, and the like, which may have been used in the course of treatment, must be instantly disinfected, or burnt when of no further use.

The throat lesions of all infective diseases should be either mopped or sprayed frequently with some antiseptic preparation on the order of H^2O , the sputa to be invariably cast into a chemical disinfectant.

In reference to the deodorization of great bodies of infected refuse, crude liquid carbolic acid is much used, in the proportion of one gallon to fifty of water, this solution to be cast upon filthy places with a sprinkling can, or dumped bodily into sluice-ways or closet drains.

Aseptics are as necessary in an ointment as in a liquid.

E. B. J.¹

CASE 8. "The first case in which I used your Unguentine was that of an exceedingly ugly looking sore on finger, which we feared threatened blood poison. Unguentine was applied twice daily resulting in a prompt recovery. This test fully shows the antiseptic properties of Unguentine and I shall continue to use it wherever it is indicated." See also Sores, page 94.

I. B.²

¹ Edw. B. Jackson, M. D., Houston, Tex., in *Texas Medical Practitioner*.

² Dr. Ira Barton, Sanborn, N. Dak.

CASE 9. "I find your Unguentine most excellent. As an ointment it is the best I have ever used. It is thoroughly antiseptic and its healing powers are all one could wish for."

J. B. Y.¹

BARBER'S ITCH.

CASE 10. "Mr. Smith, aged 25, suffering from a very bad case of barber's itch, applied to me for treatment. He had been using an advertised nostrum for some time which had greatly aggravated his case and rendered it extremely painful. After trying several well known remedies without any seeming result I gave him a sample box of Unguentine. In about a week's time he returned for more, stating that he thought another box would completely cure him. The inflammation had been reduced entirely and decided improvement was noticed, so much so that I continued the use of Unguentine, which effectually cured this case."

R. D.²

BEDSORES.

See also Sores, page 94.

CASE 11. "I used Unguentine in the treatment of bedsores with very good results. It seemed to heal them more rapidly than anything I had ever used."

F. E. W.³

CASE 12. "I have used Unguentine with great success in bedsores and find it soothing as well as healing."

P.⁴

CASE 13. "I applied Unguentine to a case of gangrenous bed sores, one of them three inches in diameter. They healed kindly and in three weeks time there was but little scar formation. I have been converted to the fact that it is the best ointment made, if properly used, and will please the busy doctor."

P. H. Von Z.⁵

1 Dr. J. B. Yeakel, Bally, Penna.

2 Dr. Richard Douglass, New York.

3 Dr. F. E. Wolfe, 1356 Woodward Ave., Detroit, Mich

4 Prof. Preiss, Buffalo, N. Y., in *Trained Nurse*.

5 P. H. Von Zierolshofen, M. D., Croghan, N. Y

BITES.

See also Poisoning, page 82.

RATTLESNAKE.

CASE 14. "In the case of a boy bitten by rattle snake midway between the knee and ankle on fibula side. After acute symptoms subsided the tissues sloughed at the region of wound, leaving an indolent ulcer $1\frac{1}{2}$ inches wide by 2 inches long and very deep. It refused to heal under ordinary treatment, but after a second application of Unguentine it looked much healthier and improved rapidly."

B. F. F.

RATTLESNAKE.

CASE 15. "I used Unguentine on the leg of a patient who had been bitten by a large rattlesnake. When the patient reached me four or five hours after the bite he was in a state of collapse, leg intensely swollen. I made an incision about one inch long through the fang marks. The limb was greatly swollen and severely blistered as it had been corded above the knee. After the usual treatment I applied Unguentine thoroughly over the entire limb. The effect was most soothing and this very unpromising limb healed without ulceration, abscess or any other interruption. For extensive excoriations I could not wish a better ointment."

C. E. L.²

DOG.

CASE 16. "I have used Unguentine in a case of bite of dog in which the wound healed up nicely. In all cases I am well satisfied with the results attending its use."

C. H. D.³

BOILS.

CASE 17. "I have had excellent results from the use of Unguentine in boils, and would highly recommend it to the profession."

H. W. F.⁴

CASE 18. "I have derived great benefit from Unguentine in the treatment of boils and carbuncles. It acts like a poultice. If pus is not yet formed, the boil may be aborted. If too late the purulent mass will readily come to a point, and a mere scratch of the knife will suffice to liberate the contents of the abscess."

H. A. R.⁵

1 Dr. B. F. Finn, Dunlap, Kas.

2 C. E. Logan, M. D., Sutherland, Fla.

3 Dr. C. H. Dumas, Waverly, Minn.

4 Dr. H. W. Fleck, Bridgeport, Conn.

5 Henry A. Richy, M. D., New York City.

SEPTICEMIA DEVELOPED.

CASE 19. "Recently I was called to attend a young man who was suffering from boils on his toes. He had let them run for over a week before seeking assistance, and from wearing cheap black socks the sores had become poisoned and developed septicemia. I administered the usual internal remedies and applied a local dressing of Unguentine. The patient slept well all that night, being the first rest obtained for five nights. He informed me that the pain, which before had been so excessive as to prevent rest, had ceased within an hour from the time Unguentine was applied. Unguentine was the only dressing used on the sores and inside of a week the patient was able to be around the house. But for Unguentine all the internal treatment would have been useless. I know of no other dressing that can equal it."

J. E. G. W.¹

BUNIONS.

CASE 20. "My personal experience is that Unguentine can be most emphatically recommended for relieving painful bunions."

W. B. M.²

BROMIDROSIS.

(Smelling Feet.)

CASE 21. "I would like to call the attention of your readers to a new and successful treatment for bromidrosis. There are thousands suffering from this disgusting disease, which makes their lives miserable, debaring them from society and causing them to be slandered by being accused of uncleanness. Many of them aggravate their complaint by almost parboiling their feet. Few of these sufferers seek the advice of a physician, but usually consult a chiropodist, who sells them some scented soap or toilet water at a high price. Some time since a young man consulted me with an aggravating case. I instructed him to thoroughly cleanse his feet with warm water and soap and dry them with a turkish towel; then to bathe them in a solution of hydrarg. bi chlor. 1 to 4000-5000 for a few minutes, and after again drying them to anoint them with Unguentine, rubbing it in well, and to put on clean *woolen* socks. In some cases I have found that dusting the feet with bismuth sub gallate in the morning helps the cause along. Frequent bathing of the entire body and general cleanliness are of course understood. If this treatment is followed carefully I think it will do all I claim for it. I have treated a number of cases in the same manner, as many as three in one family, all with most excellent results, and have recommended it to other physicians, who have used it with the same satisfaction that I have."

H. L. M.³

1 J. E. G. Wadding, M. D., 260½ Pike St., Covington, Ky.

2 Dr. Wm. B. Mann, Evanston, Ill.

3 H. L. Mason, M. D., Brooklyn, N. Y. Resident Surgeon of Green Park Hotel, N. C., in *Charlotte Medical Journal*.

BURNS.

See also Scalds, page 87.

The dressing should be changed every twenty minutes for the first few hours after the accident, or as soon as the cooling effect of the application has passed away. The more serious the condition the more frequent should be the change. Follow these directions faithfully and in nine cases out of ten the wound will heal without a scar or disfigurement.

CASE 22. "On the first day of February, 1899, I was called to see a case, a lady aged 33, weighed 180 pounds, burned from the hips to top of shoulders 22 inches long and 18 inches wide. Left arm to elbow was burned from a half inch to one inch and three quarters deep. I dressed with Unguentine from start to finish. I had no suppuration, no odor or pus. It healed right up without any cicatrizing. No scars left. You could not tell she had been burned if she would keep her fingers off of it. When she scratched it it would of course echemoses for a day or two. I took a snap shot of it and will send you one. I have used it a long time in burns and there is nothing under the canopy of heaven that will equal it in a burn." R. M. McC.¹

BURNS: THEIR CLASSIFICATION AND TREATMENT.

"As the seriousness of a burn is not measured so much by its depth as by the extent of surface involved it is a matter of importance to know at once the amount of integument burned. For, as Ashurst aptly says of extensive burns: 'Myriads of fibres as conveyers, myriads of cells as receivers are involved. There is so much wrong at the surface that it would be a marvel if wrong did not follow at the center.' So address should be made to offset any accident that might arise from internal derangements along with such efforts as are made to restore the surface to its normal condition. And, in order to act intelligently in the premises, it is well to keep in mind the pathological changes that are likely to follow burns of different degrees and extent, and on different parts of the body.

"The classification of the local effects of burns by Dupeyren into six degrees, although not a 'purely pathological

¹ R. M. McCrey, M. D., Morristown, Ind.



SEE CASE 22 ON PAGE 16.

arrangement,' is convenient and of practical importance in treatment and results. These six degrees are.

1. "Simple erythema. Generally followed by slight desquamation, but no destruction of tissue.

2. "Vessication. Where only the superficial layers of the cuticle are involved.

3. "Total destruction of the cuticle and the cutis vera, except a portion of the papillary layer and the epithelium about the hair follicles and sebaceous glands.

4. "Destruction of both epidermis and true skin and the subcutaneous tissues.

5. "Destruction of skin, deep fascia and muscles involved.

6. "Entire destruction of parts.

"Taken in connection with this arrangement, the constitutional effects of burns are appropriately arranged into three stages:

1. "Shock and internal congestion. Always found in extensive burns of the head and trunk.

2. "Reaction and inflammation. Usually coming on during the first forty-eight hours.

3. "Suppuration and exhaustion. This last stage, on account of long continuance, is the one that tries the patience of the attendant; and doubly so where the trouble is complicated by pre-existing constitutional derangements.

"In the prognosis of serious burns it is usually considered bad or even fatal where one-third of the surface is involved. And it might well be qualified by the age and health of the patient; the young and the aged the more easily succumb to shock.

"The constitutional treatment in these cases is of great importance. Shock is best treated by the external application of heat, excluding air from the wound, and internally by hypodermic injections of brandy and whiskey, strychnia, aromatic spirits of ammonia, morphia, milk and other nutritious liquid foods given at regular intervals. In the secondary stage, saline cathartics. A watch should be kept on the kidneys, and if congested, or should there be suppression of urine, hot fomentations should be applied; or the bladder emptied by catheter. Traumatic delirium,

which is most sure to rise if there be much burned surface on the head, face and neck, or body, is best controlled by the bromides and chloral hydrate in appropriate doses. Diarrhoea, which is often a distressing feature, is best controlled by a combination of subnitrate of bismuth, mistura creta, deodorized tincture of opium, aromatic spirits of ammonia and ergot. Other complications that arise may be treated on general principles.

“The local treatment in most cases is of far greater importance than is sometimes conceded. Our aim should be to rapidly restore the impaired tissues to their normal condition, to give as little pain as possible in treatment and come out with good results. The most generally accepted mode of treatment, locally, is to use some antiseptic wash, such as warm carbolized water, or, if not much surface is involved, a corrosive sublimate solution 1:2000 to 1:5000; cover with strips of protective 1:5000, if extensive, boric acid solution to mop off surface, covered with iodoform, bichloride cotton and bichloride bandage, etc., or linseed oil and lime water. But my experience with burns has led me to pursue a different method, and the results have been invariably good. The carron oil treatment leaves too many scars.

ANTISEPTIC WASH TOO PAINFUL.

“The objection to the antiseptic wash is that it is attended with a great deal of pain, which, if avoided, will add materially to the chances of recovery, not to speak of the humane aspect. To remedy this defect the antiseptic washes should be used only in cleansing the healthy skin near the burnt surface after the removal of the debris of charred tissues and other accumulated substances. The suppuration, which is very great, can be easily removed by pieces of surgical cotton, either dipped or gently rubbed over the affected surface. In the application of remedies to the wound three points must be taken into account, viz.: there must be a lubricant, an antiseptic and a healer.

VASELINE AND IODOFORM TOO EXPENSIVE.

“These may be supplied from vaseline and other ordinary remedies, but they are either very expensive, as in the case of iodoform, or slow to prepare, and not always attended with good results. These objections led me to try a preparation, now on the market, made of petrolata, ichthyol, ear-

bolic acid, and alum, known as Unguentine. The effects were so charming that I was encouraged to use it in other cases, and within the last three years I have had the opportunity of treating with this preparation some twenty cases.

“And while we disapprove of the use of nostrums, we believe that no good can come of ignoring a valuable preparation, where its contents are made known to us. Too much conservatism acts as a dead weight to progress. Our English confreres stand aghast at the bold strides Americans are taking in medicine and surgery. The London *Lancet* recently said while commenting on an American product: ‘If this * * * is a fair reflex of the present position of American surgery we must admit it is of a very high merit, and that English surgeons will have to look very carefully to their laurels if they are to preserve a position in the van of surgical practice.’ While conservatism is the motto of the Englishman, progress is the watchword of the American.

I will now present some of the cases that have come under my care which may be of peculiar interest:

CASE 23. POWDER BURN.—“While Mr. G. W. Brown aged 24 years, in the service of this (Dallas) county, on December 9, 1896, was blasting in a quarry with giant powder the charge was accidentally exploded, hurling him a number of yards over an embankment; his clothes took fire and in his efforts to tear them off he sustained severe burns on the forearms, hands, the entire face except a small strip on the forehead protected by the hat, the ears, front of neck, the front half of right leg from above the knee down to the foot, a deep place on the left leg over the region of Hunter’s canal, and a place over the region of the right lung, covering the first five degrees as above described. When I arrived I found that those in charge had placed the patient in the tent, made wide the draught of air on him by throwing back the cloth at both ends of the tent, and with wide sombreros four men were following him around and around, fanning him to the full limit of their muscular strength and wildly commanding everybody to ‘give him

air.' Having shut out the draught of air, and with two strong men holding the raving man, I proceeded to cut away the skin that had fallen down over his arms and hands to the fingers, which had something of the aspect of a rabbit with the skin removed from the body and hanging down over the legs. This skin was dry and hard like the skin taken from an animal and exposed for some time to the scorching rays of a summer's sun. The wounds were cleansed around with water carbolized, and dressed with Unguentine spread on strips of new domestic, from two to three inches wide, well warmed before applied, a layer of surgical cotton spread over this and held in place by roller bandages. This was repeated daily. None of the ordinary washes were used on the burnt surface until the skin had completely formed. The well surface was carefully sponged off every other day. Blisters were emptied when painfully full, but the cuticle was not removed until decomposition set up. This cuticle forms a good natural covering for the raw surface containing the great number of burned and suffering nerve endings. The face and hands swelled to immense proportions; sight was excluded for several days. The ordinary constitutional symptoms following a burn of this nature were present and treated as above indicated. As suppuration set in, the burnt surface was cleansed with pledgets of cotton and dusted over with subnitrate of bismuth before applying the Unguentine.

NO SCAR.

"Recovery was complete. No scar is left on the face or hands, a new soft growth of beard and mustache has appeared, and the small hairs usually seen on a man's hands have returned. The patient can do light manual labor, can write well with the right hand, but can use the left hand somewhat better from the fact that the muscular tissues were destroyed to considerable depth on the right forearm, and were later in healing. There are no ugly bridges of scar tissue to distort or discomfort him.

CASE 24. DEEP BURN IN RIGHT AXILLA.—Minnie M., aged 5 years. On February 28, 1894, her clothes caught fire and burned about one-fourth of the body. Another physician was first called to treat this case; but the parents be-

came dissatisfied, dismissed him and sent for me. The objection was that his treatment was too severe. He had ordered the raw surface washed with a saturated solution of bluestone. When the first application was made, the child, though in a critical condition, jumped off the bed and ran frantically around the room, and, amid cries and screams, seized a small stick of stove wood and prepared to defend herself against this inhuman treatment. When I arrived the wounds were engorged and bloody. The blood and other secretions were gently dipped off with cotton, the surface sprinkled with bismuth subnitrate and Unguentine applied; and from its soothing effects the child was at rest by the time the dressing was completed. As this was a very deep burn, with the deepest part in the right axilla, the fear was that when the wound healed over the arm would be largely impaired; but not so, there was no scar tissue left. The hand could be placed on top of the head, or otherwise used as before."

CASE 25. BURN FROM HOT LARD.—"Annie B., aged 8 years. On July 10, 1894, while attempting to lift from the stove a vessel of hot lard, stumbled and scalded her right side from the nipple down to the foot. The feet and legs were bare and suffered more than the other parts involved. This was a severe burn, but the true skin was not destroyed entirely at any point. Same treatment as above; recovery was complete. With no scars and no accident."

CASE 26. THIRD DEGREE BURN, ONE YEAR OLD INFANT.—"Infant, 1 year old. On February 28, 1896, while holding to a chair near the fire place, lost its balance and fell with the right hand buried in the bed of live coals and hot ashes. The child was quickly removed, but not until the entire hand and part of the forearm were burned to the third degree. The usual method of dressing each finger separately was not followed here as the age of the patient and the shortness of the fingers prevented. So a thick mass of Unguentine was spread on a cloth and the whole hand enveloped with the dressing and held in place by bandages. In a short time the child was easy and playful. This with the use of subnitrate of bismuth was the daily treatment, and was kept up till the integument was fully restored without a scar."

CASE 27. "Bessie H., aged 11 years. On May 2, 1896, the clothing caught fire and she was burned on the right side from the axilla to a level of the crest of the ilium. Treatment same as above; uneventful recovery. No scar is left to locate the injury. Parts were discolored for some time, but eventually became natural."

CASE 28. EPIDERMIS DESTROYED.—"Sam H., aged 11 years. On January 15, 1897, was burned about the neck, the entire face, both hands and forearms. The epidermis was destroyed. Treatment as above outlined. Recovery complete with no trace of scar tissue or other disfigurement."

CASE 29. THIRD DEGREE BURN.—"Richard Z., aged 12 years. On January 15, 1897, was burned to the third degree on face, neck, hands, forearm and a space about six inches square over lumbar region. The patient inhaled the flame which was the source of considerable trouble. Face and head became so badly swollen that he could not see for four or five days. Delirium set in on the third day and was a troublesome feature for about five days. Temperature 104 degrees to 105 degrees for four days. Respiration labored; voice gone; could only speak in whispers. The stench of the breath with that from putrefaction of skin, etc., augmented by the fever was unbearable. Aided by Dr. Baldwin, this case was pushed to a speedy recovery. With sponges tied over mouth and nose and a large display of disinfectants, we daily dressed this patient, and against the decision of three doctors that the patient would die inevitably, after a heroic fight his life was saved, and he is now well and has returned to school. The same line of treatment was followed in this case as in others, except that we sought to disinfect the air passages by the fumes of oil of eucalyptus and oil of turpentine. This was brought about by adding these drugs to a bowl of boiling water placed under a tent made by spreading a sheet over patient's head. In this case, as in the others, the main remedy used was Unguentine.

"The latter two cases were two of twelve boys who were burned while escaping from the burning building of the boys' house of Buckner Orphans' Home, which was burned down January 15, 1897."

A. F. B.

1 Read before the Dallas Medical and Surgical Association by A. F. Bedds, M. D., Physician to the Buckner Orphans' Home, Dallas, Texas.

WITHOUT A SCAR.

CASE 30. On the 25th of October, 1898, N. D., a six year old girl, while playing with matches was severely burned. The burn extended from the ninth rib on the left side up to axilla, and from axilla to forearm. The pain was dreadful and shock severe. When I arrived I found the patient almost hysterical with pain. I at once gave her morphia. Unguentine was then applied, and in a very short time the cries ceased and the child went into a quiet sleep. I kept on with Unguentine and the result was a very complete recovery without scar. No eschar tissue formed; no trouble transplanting skin; no washing or cleaning wound, as the dressing seemed to take care of itself. I was very highly gratified with results." J. R. B.¹

UNGUENTINE VS. SKIN GRAFTING.

CASE 31. "In November, 1894, a niece of mine aged eight years was burned in a very severe manner at her home in Arkansas. The arm and shoulder suffered most as the flames burned through three heavy sleeves. Six weeks afterward she was brought to me for treatment. I found upon examination that the exterior or superficial muscles of the entire length and around the arm had been burned to about one half their depth and presented a mass of putrid matter which at first seemed to require amputation. This was a vexed question owing to the very poor health of the patient and I determined if possible to save the arm. I began the treatment by thoroughly disinfecting the parts with a carbolized solution and dusted aristol over the entire surface. As a constitutional treatment I first gave Stearn's wine of cod liver oil and bovine. The local treatment was changed several times during the first three months of treatment, using iodoform, listerine, bichlor mercury, boras and carron oil, yet under all these treatments the arm refused to heal, when I decided to begin skin grafting. Having prepared the surface I tried twenty-five small grafts but owing to the unhealthy granulations it was not a success. I determined to try Unguentine and saw before I had used but little that Unguentine was what I wanted. I used it by applying on a soft bandage in which I enveloped the arm, breast and neck of the child, and under this treatment, which was continued for about three months the wounds are now entirely healed and the child is about well. The usefulness of the arm is not impaired to any extent, and with the exception of a few scars appears about like the other.

"You can rest assured that after such a case I shall continue to use Unguentine, and had it been used at first I believe that the cure would have been accomplished in one half the time and perhaps without a scar."

F. L. P.²

1 John R. Baer, M. D., Chief Surgeon Phila. Eye, Ear, Nose and Throat Dispensary, Philadelphia, Penna.

2 Dr. F. L. Paine, Muldon, Miss.

BURN OF THE FACE.

CASE 32. "I have used Unguentine in a case of very extensive burn of the face with very gratifying results and shall continue to use it wherever it is indicated." J. B.

CASE 33. "Unguentine is the best preparation for a burn I have ever used, and is just as good in old chronic ulcers. I use it in everything where there is inflammation and it gives satisfaction to me and my patients. It is the best ointment I have ever used and I advise my brothers in the profession to use it." D. B. Q.²

BURN OF HAND.

CASE 34. "I applied Unguentine in a case of a severe burn which covered the entire palmer surface of the hand, and was astonished by the speedy and perfect cure effected. In all my experience I have never met with an agent that has given such highly satisfactory results. I use it frequently and prescribe it in all cases where it is indicated with very gratifying results." H. L.³

SOOTHING EFFECTS ON CHILDREN.

CASE 35. "In November last I was called to see a child that was very badly burned about the neck and arm. Unguentine was applied liberally to the burned surface, and the results of its use were perfectly satisfactory. I noted with much pleasure the soothing effects immediately after each application which in case of treating children is so much desired." S. J. H.⁴

CASE 36. "I have been using your preparation Unguentine and have had very beneficial results in cases of burn. I do not know of anything that is its equal in such cases." H. A. B.⁵

CASE 37. "About two years ago I had a case of burn in which I first made use of Unguentine. From that time on I have used it almost daily in my practice with results more than pleasing to me and my patients. I have had a dozen or more extensive burns, and in no case has the effect of its use been disappointing." W. S. G.⁶

BURNS OF INFANTS.

CASE 38. "I have had excellent results from Unguentine, especially on a baby whose ear was burned at the back part of the lobe. I had tried almost everything, but to no purpose, yet Unguentine seemed to help it at once, soothing the pain so that the child slept almost immediately, something that it had not done for several days." T. E. K.⁷

1 Dr. J. Blickensderfer, Simmons, Mo.

2 D. B. Quigly, M. D., Rocky Hill Sta., Edmonson Co., Ky.

3 Dr. Henry Lamb, Sandy Lake, Pa.

4 Dr. Samuel J. Hall, Louisville, Ky.

5 Hunter A. Bond, M. D., 34 Cornelius St., Plattsburg, N. Y.

6 W. S. Gilroy, M. D., 1049 N. B'way, Baltimore, Md.

7 T. E. Kirby, M. D., Upton, Mass.

INSTANTANEOUS RELIEF.

CASE 39. "Unguentine has uniformly proved its superiority as a dressing particularly in serious cases where patients have been burned or scalded. The relief obtained has been almost instantaneous, pain being allayed, blisters reduced to a minimum and the injured tissues rendered antiseptic and healthy in appearance. In my experience, at least, it has proved to be the dressing for such cases."

F. C. B.¹

PROTECT BURNS FROM AIR.

"It is of the greatest importance that the burned surface should be protected from the air. The dressing for a burn should therefore be of a character to exclude the air, to relieve the pain, and to exert an antiseptic and healing effect. Unguentine is extensively used by the profession in the treatment of burns, and it has been found most efficient. It causes healing to set in earlier and it has a marked anæsthetic effect, and is also an antiseptic. It should be applied to the burned surface to the thickness of an eighth of an inch and maintained with a soft bandage. It should be repeated every four or six hours as the pain may require."

N. A. H.²

UNGUENTINE EXCLUDES AIR.

CASE 40. "I was so very much pleased with the results obtained with Unguentine in several cases of second degree burns that I keep it constantly on hand in my office and carry it always with me when attending a call. It is remarkable in its astringent properties, without irritation, and its thorough antiseptic action. It seems to exclude atmosphere from the wound as soon as applied which makes it most desirable in such cases."

J. A. H.

CASE 41. "An emergency case of severe and extensive burn from falling in hot ash pit, half of right leg including buttocks and one-third of left leg. Immediately on my arrival I dressed the wound with Unguentine. Relief came quickly after the dressing. In two days the boy was doing very well and in a week's time was playing as if nothing had happened."

E. H.⁴

1 Dr. R. Frank C. Browne, 176 B'way, Providence, R. I.

2 New Albany Med. Herald.

3 Jos. A. Herb, M. D., 49 St. Marks Place, N. Y. City-

4 Dr. Edward Howard, Denver, Colo.

COMPARISON OF DRESSINGS.

CASE 42. "The first case in which I used Unguentine was that of a boy who had fallen into a bonfire. His arms and breast were badly burned and extremely dirty, as dirt had been used to extinguish the flame. After cleansing the wounds with a solution of permanganate of potassium I selected the right arm as it was burned the worst to use Unguentine as a dressing. I dressed the left arm and breast as usual.

"The right arm healed by first intention leaving a soft clean scar. The left arm and breast suppurated in four places and was very foul whenever dressed, and now, nearly four months after the accident, is still tender leaving a deep scar at the point of suppuration.

"I think this was a good test in favor of Unguentine. I have also used it in several cases of eczemas and a case of severe chafing of the inside of the thighs, and it has given uniform good results."

W. G.¹

CASE 43. "I have used Unguentine in a case of burn about the face and neck and found it gave almost instant relief from the first application, healing rapidly, and has a very soothing and cooling effect."

G. H. O.²

BURN FROM HOT IRON.

CASE 44. "A boy 12 years of age received a severe burn last April from a hot iron. I was called in two weeks later and found a large burned surface near the internal malleus, with a quantity of unhealthy granulations. These I curetted and cauterized, then applied Unguentine on soft linen once daily and the wound healed perfectly by the end of the week. This was a very favorable result."

J. A. P.³

SUPERFICIAL BURN.

CASE 45. "I used Unguentine in a superficial burn of large area. In comparison with other burns of same degree, I am very agreeably satisfied with result as there was much less scar than I had a right to expect."

J. R.⁴

CASE 46. "Unguentine has proved most satisfactory. I think it especially efficient in extensive burn and I shall avail myself of its beneficial qualities as often as its use may be indicated."

A. D. T.⁵

1 Wm. Grant, M. D., 1925 Payson St., Baltimore.

2 Dr. G. H. Osborn, 4305 St. Louis Ave., St. Louis.

3 J. A. Pollard, M. D., Wades, Va.

4 Dr. John Rodman, Eddy, New Mexico.

5 Prof. A. D. Thomas, M. D., Prof. of Surgery, Eclectic Med. College of Georgia, Atlanta, Ga.

POWDER BURNS.

CASES 47-48. "The first case was a severe burn of the hand, extremely painful, yet immediately after applying Unguentine as directed the patient remarked that all pain had ceased. The second case being of a milder term required only three dressings for a complete cure. I have frequently used it since in scalds and burns and think it is the remedy par-excellence. I shall always keep it and use it."

B. A. B.¹

EXPLOSION OF NATURAL GAS.

CASE 49. "The patient attempted to light the gas under a boiler used for pumping purposes in the oil field; the gas being turned on too heavily the result was an explosion by which his clothing became ignited by the flames and resulted in one of the worst cases of burning I have even seen. The usual linseed oil and lime water being applied I further thought of Unguentine. With its application greater improvement at once became apparent. I can say for the preparation that it is the best, and something that every physician should be able to get at short notice."

D. C. H.²

CASE 50. "I used Unguentine in the case of a lady who badly burned one hand and arm, the injury extending above the elbow. I saw the case three days after the wounds had been ignorantly dressed and the entire superficial area of hand and arm was one foul-smelling aggregation of discrete and concrete ulcers, fœtid in the extreme and beginning to slough. After careful washing with warm water, Unguentine was applied on sections of linen, each section about six inches long and two inches wide. Strips of this conformation enabled me to secure contact at all points for the Unguentine. Then a broad roller bandage was used to envelop the smeared sections. This operation was repeated every third day and in twelve days the arm was well without a slough, without scar tissue, without contraction and presenting a new pink skin that I regarded as a surgical triumph."

H. E.³

SECOND DEGREE BURN.

CASE 51. "Ellen J., aged 21, whose clothing caught fire and body was burned extensively to the second degree, was under my care in our hospital for a month during which time no dressing but Unguentine was used, and in no time in the history of the case did the temperature exceed 100 degrees, and reached that point only for a few days. We use Unguentine for a large number of cases in our hospital work and it gives entire satisfaction."

H. G. V. de H.⁴

1 B. A. Bobb, M. D., Mitchell, S. D.

2 Dr. Don C. Hughes, Findlay, Ohio.

3 H. Eaton, Brooklyn, N. Y.

4 H. G. V. de Hart, Attending Physician White Plains Hospital, White Plains, N. Y.

BURN ON THIGH.

CASE 52. "A man with a severe burn upon the thigh applied to me for treatment after vainly using linseed oil, etc. upon it for a week or ten days. The burn was certainly in bad shape and after cleansing I applied Unguentine. This was at 3 p. m. The next morning at 9 o'clock he reported relief from pain; edges were in better shape, swelling and inflammation much reduced and whole appearance better. There was no other treatment but Unguentine."

B. W. S.¹

BURN FROM NATURAL GAS.

CASE 53. "A German baker in lighting the natural gas in his oven, failed to take the ordinary precautions to prevent accidents, and his right arm was burned to the elbow from the fingers, quite a large patch on the left arm being also burned over. Several days had elapsed since the burn was received before his employer sent for me, the patient thinking domestic remedies would suffice. I found him suffering with a great deal of pain, the arm badly swollen and intensely red. I bathed it carefully with about 1 per cent. carbolic solution in sterilized water, spread soft strips of old muslin with Unguentine and covered in the burned surface. Next day a second dressing was applied, and by the third day the arm was looking so well that I decided to complete the cure with a dressing kept moist with oleum lini et aquae calcis. I saw the patient in two days and he reported that something would have to be done as the arm was paining him beyond endurance. On removing the dressing I found the arm suppurating in spots and much swollen. We went back to Unguentine and after applying three dressings, on as many successive days, new skin had formed over a very large part of the arm and the case was dismissed as practically cured.

"This case was a severe one, the burn being of the second degree with a marked rise of temperature and a great deal of pain, probably due to the fact that the burn was caused by natural gas. The Unguentine dressing was all that could be desired in this case, its sedative, antiseptic qualities relieving all the distressing symptoms and giving nature every chance to restore the parts to the normal condition."

V. E. A.²

¹ Dr. B. W. Swayze, Berwick, Penna.

² V. E. Andrews, M. D., Cicero, Ind.

UNGUENTINE SUPPLANTS CARRON OIL.

CASE 54. "I have had the opportunity of testing your preparation, Unguentine, in two very severe cases of burns, one of them being so extensive as to require treatment for three months, and I found Unguentine to be most valuable of all dressings. I occasionally change this for carron oil, but only for a change, as I found Unguentine more soothing and as a rule it has diminished pain, lessened suppuration and promoted more rapid healing than the former. The other case was treated entirely with Unguentine which I shall continue to use in my practice and recommend in my teaching." R. M. F.¹

BURN BY NAPHTHA EXPLOSION.

CASE 55. "Mr. R. H. Frainey was severely burned by an explosion of naphtha in April, 1895, and brought to St. Barnabas Hospital. The wounds were cleansed of their previous dressing and caustic was used around the edges and Unguentine applied. After using Unguentine for two weeks the patient was enabled to leave his bed and walk about the ward, and in seventeen days to leave the hospital. After leaving he came daily to the clinic to have his wounds dressed for about a month, when the wounds were entirely healed. Unguentine is used daily in all of the wards of St. Barnabas Hospital, Newark, in other cases than burns and we never expect to be without it." St. B. H.²

BURN BY HOT JELLY.

CASE 56. "Child two years old frightfully burned on the face and head by the spilling of a bowl of hot jelly. I dressed the wound with Unguentine only, with the result that it healed quickly and without scar." J. W. N.³

CASE 57. "I used Unguentine on an infected sore from a second degree burn of about two weeks standing. I was called on the 12th day; found child with temperature of 105 degrees. Gave remedy to reduce, cleansed wound with Per Oxide Hydrogen, applied half of the tube of Unguentine as directed. Called next day at 12 o'clock. Child was up eating, had slept all night, got up singing; wound healed as if by magic." J. E. S.⁴

¹ Prof. R. M. Foster, Prof. of Obstetrics, Chicago Homeopathic Medical College.

² Case of explosion of naphtha at 33 College Place, Newark, N. J.

³ Dr. J. W. Neptune, Chapman, Kas.

⁴ J. E. Stephens, M. D., Joliet, Ill.

POWDER BURN.

CASE 58. "Boy, 15; face burned to complete crisp, with miraculous escape of eyes, by four ozs. of powder becoming accidentally ignited. I applied Unguentine and kept him thoroughly greased with same. Complete recovery within five days without vestige of a scar." H. S.¹

GASOLINE BURN.

CASE 59. "Young lady, 25; on wash morning, while boiler was on gasoline stove, she poured about one gill of gasoline in the boiler, immediately looking in to see the effect. Her face, neck, hands and arms were in shreds, so far as natural cuticle was concerned. I applied olive oil and aqua calcis on lint for about one hour, then the Unguentine freely. Result, a complete recovery within seven days without scar." H. S.²

CASE 60. "After giving Unguentine a thorough trial I will say that I would not be without it. It is the best dressing for burns I ever saw." E. L.³

BELLEVUE HOSPITAL.

CASE 61. "Unguentine has been placed on trial in my surgical clinics at Bellevue. It has given me excellent results in superficial disorders, such as burns, contusions, ulcers and the like." A. O.⁴

PERFECT SKIN FORMED.

CASE 62. "Burn on hand so deep that skin sloughed off, leaving a raw surface. Unguentine was applied, which not only filled up and healed the burn, but also enabled a perfect skin to form, so that it is now impossible to tell which hand was burned." J. K. B., Jr.⁵

THIRD DEGREE BURN COVERING ALMOST ENTIRE BODY.

CASE 63. "Ernest Bennett, of Omagancett, while cleaning the under part of a S. I. J. R. R. engine, overturned a torch in such a way that the coal oil from the torch spilled on his already oily clothes, mostly over the back, at the same time setting fire to them. After some delay he was pulled out and water thrown on him; this failing, his clothes were torn off and after applications of molasses he was wrapped in blankets and driven two miles to his home. When I arrived I found pulse was 150, weak and thready, and temperature 36 degrees C. The burn extended from below his left knee posteriorly up the thigh for about half its circumference to the nates, thence spreading over entire back and half way around the flanks over left shoulder and

1-2 H. Schoenfeld, M. D., Trenton, Butler Co., O.

3 E. Lockwood, M. D., Etna, W. Va.

4 Dr. Albert Oppenheim, 1662 Madison Ave., New York

5 J. K. Bucklyn, Jr., M. D., Mystic, Conn.

axilla, the entire left arm and hand. There was also a large burn on back of neck and one on right arm.

“Of these burns about two-thirds on leg, back and left arm were of the third degree. On hand and right arm about one quarter of third degree.

“The patient was placed flat on his stomach with arms outspread and legs about a foot apart, this position being the only one that avoided pressure on the burns. After thorough stimulation with strychnine, ammonia and digitalis for several hours his wounds were dressed in this position which he retained for two weeks continually, being unable to move. Cicatrization went on rapidly. He was three days with a pulse and temperature requiring active stimulation.

“The parts were bathed daily before new dressings of Unguentine were applied, with an antiseptic and stimulating wash. For this I used a tablet which you made for me on my special formula, as follows, per tablet:

Acid Salicyl. .225

Potass Chlorate .225

Sod. Borat. .425

Menthol .005

Thymol .015

O. C. Eucalypt. .0075

O. C. Gaultheria .0075

Six tablets in a pint of water.

“After ten days I began skin grafting, using both methods and with the most pronounced success. Although the patient was suffering terribly and wasting at an alarming pace, forty-eight of the first fifty grafts on back grew. Thiersch's grafts were placed on leg under knee and around elbow and shoulder to prevent cicatrices. 90 per cent of these took except on elbow where only 10 per cent grew. After $2\frac{1}{2}$ weeks he was progressing so well and his back was in such shape as to ensure a change in his position. In three weeks more he was able to sit up in bed. Recovery is almost certain without any impairment of joints or bad scars.

“I believe that the success in grafting was due to the external treatment with Unguentine.”

J. F. B.¹

¹ J. Finley Bell, M. D., East Hampton, N. Y.

FOURTH DEGREE BURN FROM BOILING BRINE.

CASE 64. "The patient, a man twenty-five years of age, was engaged in raking salt from a large vat filled with boiling brine, when he made a mistep and fell backward into the brine. On examination I found that both legs, one arm, the back buttocks, scrotum and one ear were burned to the fourth degree. I dressed the scalded area with soft muslin saturated with carbolized linseed oil and limewater. In six hours the dressings were removed and blisters which had formed extensively wherever the skin had been immersed were evacuated. The scalded area was redressed with carbolized carron oil, and morphine and cordial stimulants were given, also diuretics to relieve the congested kidneys. The dressings were changed from three to four times a day, and during the intervals they were kept moist with the oil solution. The removal of the dressing caused a great deal of pain. They were very offensive and the entire room had an odor which was very disagreeable.

OIL DRESSINGS REPLACED BY UNGUENTINE.

"On the tenth day the oil dressings were exchanged for Unguentine dressings. The patient expressed great relief, and the wounds dressed much more quickly and easily; it was found also that these dressings did not get dry and hard. The sloughing ceased and the odor disappeared. The Unguentine acted speedily and effectually; it restored the destroyed tissues and skin, and in places where granulation tissue had appeared it cauterized and healed simultaneously. The patient made an uneventful recovery at the end of thirty days, and was free from the complications which attend other methods of treating burns and scalds.

UNGUENTINE THE DRESSING.

"Some of the advantages of Unguentine as an ideal dressing may be summarized as follows: 1. It is easy of application; affords great relief to the patient; acts as a sedative and is cooling and non-irritating. 2. It does not dry out so quickly and consequently the dressings do not have to be changed so often. 3. It is a rapid cicatrizant, and when used early prevents granulation tissue. 4. It is non-tonic and the patients recover more quickly under its use than any other treatment. 5. It prevents the necessity of skin grafting in a good many cases by hastening the reparative process, and it is much more convenient, neat and practicable."

N. D. C.¹

1 Dr. Newton D. Chapman, Ludlowville, N. Y. in *The New York Medical Journal*.



SEE CASE 64 ON PAGE 32.

MODES OF TREATING BURNS.

“There is nothing known to man that causes so much suffering and acute pain as fire or heat. Who has not witnessed the intense suffering of some poor child who has been burned by touching a hot stove, or scalded with boiling water, tea or coffee?

“Burns may be produced in many ways, for instance, as by coming in contact with fire, boiling water, oils, concentrated acids, caustics, alkalies, or simply by the rays of the sun. The amount of injury caused varies from a simple, erythematous blush to the complete carbonization or charring of the part affected. It is often necessary for a physician to be able to tell how certain burns have been produced, whether by fire, concentrated acids, caustic, alkaloids or by scalding by water or some other hot liquid. As a rule scalds, even if severe, leave the hairs of the affected part uninjured. In ordinary burns they are destroyed.

“When the burn has been caused by concentrated alkalies and caustic alkalies there is no vesication. These substances act with great power on the soft tissues. Yellowish stains are produced by nitric acid, while a reddish or brown discoloration is produced by sulphuric acid and caustics.

“The extent of the injury generally depends on the agent used and the length of time it has been in contact with the part affected.

“Wilson says: ‘In degree heat may be feeble but prolonged, or it may be strong and instantaneous, strong and continued for a brief period, or strong and continued for a long period.’

“Dupeyren and Martin classify the local effects of burns into six degrees. Robe, Morrow, Van Harlingen, Stout and many other writers classify burns into three degrees. This classification is the one generally accepted. These degrees are as follows:

“First degree. There is redness and pain (dermatitis ambustionis erythematosa.) There is also some swelling.

“Second degree. Vesicles or blebs form (dermatitis ambustionis bullosa.) In this degree the pain is very severe.

“Third degree. Dermatitis ambustionis gangrenosa. Necrosis of tissues to a varying depth occurs.

“The constitutional symptoms vary according to the degree of the burn and the age and general health of the patient at the time of the injury. Where from one-third to one-half of the skin has been burned the patients generally die of shock. If they live forty-eight hours after the injury the prospect of recovery is much better.

* * * * * "The treatment may be summed up in brief as follows: Stop pain, guard against shock and congestion of the internal organs. Some good, soothing antiseptic dressing must be used. Keep the air from the exposed nerves as much as possible. Almost every known antiseptic has been recommended for dressing burns.

OBJECTIONABLE FEATURES OF IODOFORM AND BICHLORIDE OF MERCURY.

"Bichloride of Mercury is now used by many, but it is dangerous, as there is a possibility of its being absorbed and poisoning the patient. The same objections may be advanced to the use of iodoform as a dressing. Cases of dermatitis and poisoning from iodoform are becoming so common that it is necessary to employ something that will not irritate or poison. Ostermayer, in the *Deutsche Medicinische Wochenschrift*, says: 'While iodoform quiets pain in burns it does not stay suppuration.' Besides this it is a well known fact that iodoform in its dry state will support germ life and is not a good antiseptic. Robe recommends carbolic acid and ichthyol for burns."

DEMANDS OF THE PERFECT OINTMENT MET IN UNGUENTINE.

"In treating burns I am in the habit of using an excellent preparation, known as Unguentine. It is said to be the famous formula used by Sir Astley Cooper with great success seventy-five years ago. Unguentine contains carbolic acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per cent., but a part of the astringent properties of the alum are eliminated, thus rendering it non-irritating in this large amount. The base is pure petrolatum. Thus two demands of the perfect ointment have been met. The well known properties of the alum salt have long been known, but its use has heretofore been limited because of its irritating qualities. This objectionable feature has now been eliminated. Ichthyol and carbolic acid are too well known as cicatrizants and as antiseptics to require further mention; but it would seem as though these qualities had been reinforced by their union in this substance. The parts should be cleansed as thoroughly and gently as possible before applying the ointment.

"In opening the blebs I always burrow through the uninjured skin and gently squeeze the serum out in this way. This causes much less pain and at the same time the air does not come in contact with the raw surface as it ordinarily would. This mode of treatment which is so successful to-day shows what true advances antiseptic surgery has made when compared with the treatment of such cases in India, where I had considerable personal experience."

TREATMENT OF BURNS IN INDIA.

* * * "Natives of India have great faith in what they call the 'firing process.' If a child has colic he is 'fired.' If he has conjunctivitis or any other disease of the eye, he is 'fired' as before. The firing process is carried on by heating a piece of iron about the size of a knitting needle to cherry color, and then applying it freely to or near the affected part. This, with the after treatment, is the cause of so many thousands in India being blind.

"The women of India are forced to go to the fields and work. As it is impossible to carry their little children along they give them an opium pill, and when they have gone to sleep leave them alone. In many cases the child finally awakens and in a stupefied way crawls around the floor until he lands in the earthen bowl of fire which the mother has carelessly left after finishing the morning meal. The little arms are often burned so badly that the child dies from shock. It is almost useless to attempt to do anything for them when one half of the skin is involved. As soon as the mother finds out that her child has been burned she hunts for fresh cow manure, a little water is mixed with this, then it is plastered all over the arm, directly to the raw surface, forming a cast almost like plaster of paris. I know of nothing more difficult to remove than this dried cast of water, dirt and manure. The child nearly has convulsions. It is almost impossible to remove all the dirt. After getting the arm as clean as possible I would dress it with a liberal supply of Unguentine. Its effect was simply magical. The poor suffering child would stop crying almost at once and in a few hours would lose that painful pinched appearance.

"I used Unguentine in a case where it seemed almost impossible to save the child's hand. The parents said the hand could not be saved, and insisted on having it amputated. I refused to do this. They then concluded to give me a few days in which to try local applications. The hand finally healed over nicely, leaving very little cicatricial tissue to interfere with the use of it.

"I also find Unguentine an excellent dressing in cases of burns in the anaesthetic type of Leprosy. In such cases after the nerve has been destroyed and nutrition is disturbed, the fingers are practically dead and anaesthetic. In

handling hot cooking utensils the flesh is often burned down to healthy tissue before the person is aware of it. In all cases of this nature I apply Unguentine and find that the wound heals nicely.

"It is not only good for burns, but is an excellent remedy for eczema, and in general dermatological, obstetrical and gynaecological practice it has no equal and has an international reputation for excellence which has been attained by no other remedy of its kind." A. W. H.¹

UNGUENTINE ANSWERS THE PURPOSE BETTER.

"Let me call the attention of the profession to the superior advantages of Unguentine as a dressing for burns, either superficial or deep. It is antiseptic and answers my purpose far better than the old time remedies of linseed oil and lime water or bicarbonate soda paste. It is also excellent in the treatment of old chronic ulcers, which frequently refuse to heal. It is a fine surgical dressing, but especially in burns it is the best application I ever used.—soothing, non-irritative, excludes the air and relieves pain. Unguentine is the dressing, and it will heal generally—even on the face—without scar or drawn tissue." J. C. A.²

CASE 65. "Was hurriedly called to a neighbor's house to attend a child, Leah B., who had accidentally overturned a vessel of boiling water from the stove over her arms and chest. The superficial skin was destroyed, while the deeper structures gave evidence of being badly injured. I hurriedly applied lime water and linseed oil, enveloped the parts in cotton, and to render her insensible to pain gave her an anodyne. I returned home and thought of Unguentine, and to satisfy my mind at once returned, removed the dressings that I had put on, and applied the latter preparation to the entire surface of the burn, and replaced the cotton. In a few hours the child rested peacefully. I did not see her until the following day. Then the dressings were removed, the parts cleansed and again dressed as formerly. Four dressings were all that were needed. The parts healed nicely and without a scar." J. D. A.³

1 A. W. Hitt, M. D., Chicago. Formerly Professor of Dermatology, College of Physicians and Surgeons, St. Louis, Mo. Extract from article in *The Medical Standard*.

2 J. Cam. Anderson, M. D., Holston Bridge, Va., in *Practical Medicine*.

3 J. D. Albright, M. D. *Medical Summary*. (See Eczema.)

ONE TUBE OF UNGUENTINE FREE FOR TRIAL.

We cannot pass by this question of Burns and their treatment without a remark on what must be patent to every reader. The preceeding twenty pages have been devoted to this subject because it is one in which Unguentine has manifested its unrivaled superiority. But twenty or a hundred pages will have been to no purpose unless you get a tube of Unguentine and give it a trial in your practice. If you will do this—and it costs you only a postal card and a minute—you too will become enthusiastic over the daily usefulness of this ointment to the general practitioner and surgeon.

CANCER.

CASE 66. “In a case of cancer I found that patient was only free from suffering so long as Unguentine was applied. Otherwise he was in agony with pain. As soon as the ointment was applied he was relieved and slept well, which before I commenced the use of the preparation he was unable to do. I cannot too strongly commend it to the profession.”

J. S. W.¹

CASE 67. “When I began treating the case the chest muscles were infiltrated, the ulceration the size of a silver dollar. When I began with Unguentine seven months later the ulcerated area had attained the size of 16 in. to 4½ in. The chest muscles within this area had sloughed away. The sternum and ribs merely covered by thin fascia. The discharge ichorous, bloody, horribly offensive and very abundant. Locally I had employed a great many combinations, fluids, powders, unguents, etc., but the results were far from satisfactory. At this point Unguentine was used. I applied it carefully, spreading a layer nearly ½ inch thick on lint, pressing well down and filling every little depression. This dressing was allowed to remain 42 hours. When I returned I found a smiling, cleanly, comfortable looking patient. She informed me that she had slept all night and had not suffered a particle of pain. The discharge was stopped and the odor almost gone. The entire surface of the sore, instead of being covered with a thick foetid pus, was clean, and looked as fresh as a recent wound. Unguentine was used exclusively. After two weeks new muscle began to form and while I never knew new live tissue to form in these cases it is a fact that this sore was reduced to 12½x3 in. From the first application of Unguentine destruction of the tissue stopped, and the odor almost entirely disappeared, as did the pain. It proved the finest application and gave the happiest results of anything I have ever used.”

A. M. P.²

¹ Jacob S. West, M. D., San Angelo, Texas.

² A. M. Purdy, M. D., Mystic.

CARBUNCLES.

CASE 68. "I am much pleased to report good results in two cases of carbuncles, healing them quickly after they had been opened. The soothing effect of Unguentine was most pleasing to the patient." Dr. J. N. S.¹

CASE 69. "I used Unguentine in a case of carbuncle that threatened to destroy a large amount of tissue on back of neck and surrounding parts by applying it as a plaster or poultice twice daily. The first application greatly relieved the pain. At the end of ten days a full cure of this dangerous and troublesome enlargement had been effected." Dr. G. E. M.²

CASE 70. "I applied Unguentine in case of unhealthy granulations in the seat of a carbuncle. It healed very nicely and I was more than pleased with it." J. A. P.³

CERVIX, EROSION AND ULCERATION OF:

CASE 71. "About a month ago I had a case of erosion of the cervix which four applications of Unguentine completely cured." Dr. C. H. D.⁴

CASE 72. "We have used Unguentine for more than a year and have prescribed it for our patients in ulceration of the cervix, old and indolent ulcers, eczema, burns and many other cases too numerous to mention. We have never regretted its use." Drs. H. W. & J. M. B.⁵

CHAFING.

CASE 73. "I have tried Unguentine in cases of chafing in persons of very fleshy nature, and it has given more comfort to them than anything I ever tried. Such cases are extremely aggravating and very difficult to heal with ordinary remedies, yet the success of Unguentine is both surprising and pleasing to the patient and myself." R. C. S.⁶

CASE 74. "I have used Unguentine in a case of severe chafing of the thighs, and it gave excellent results." W. G.⁷

CHANCROIDS.

CASE 75. "I first thoroughly cleanse with a sublime solution or with peroxide of hydrogen and apply Unguentine freely and in a large number of cases of chancroids and in cases of indolent ulceration the results have been satisfactory and pleasing." F. C. B.⁸

1 Dr. J. N. Storey, Hill, N. H.

2 Dr. G. E. Matthews, Ringwood, N. C. (See also Boils.)

3 J. A. Pollard, M. D., Wades, Va.

4 Dr. C. H. Dumas, Waverly, Minn.

5 Drs. H. W. and J. M. Baker, 272 W. 39th St., New York.

6 R. C. Smith, Gatesville, N. C. (See also Piles.)

7 W. M. Grant, M. D., 1925 Payson St., Baltimore, Md.

8 Dr. Frank C. Bruso, Surgeon, West Shore R. R., Buffalo, N. Y. (See also Venereal Diseases.)

CHANCROIDS OR SOFT CHANCRE.

* * * "Among venereal diseases, chancroids, though the most amenable to treatment, seem to give considerable trouble if not treated properly.

"What is, then, the cardinal point of treatment? Destroy the virulent character of the ulcer and convert it into a simple sore with a tendency toward healing. Were I asked how to accomplish it I should say that it was my firm belief that the judicious use of mild solutions of formaldehyde and Unguentine in all cases of chancroidal ulcers is attended with better results than any other agent with which I am familiar. Mild solutions of formalin applied to chancroidal ulcers seem to destroy their virulent nature. Followed by judicious applications of Unguentine the ulcers become painless and lose all the disagreeable features of the disease.

UNGUENTINE COMMENDS ITSELF.

"The profession need not be skeptical on the question of the use of Unguentine, as it particularly commends itself from the fact that this ointment contains the most desirable ingredients suitable for allaying external inflammatory diseases. The recovery is more rapid and permanent, and the frequency of inflammatory complication, which is often met after dressing with powders, is greatly reduced.

"I submit herewith one case among the many in which a 2 per cent aqueous solution of formaldehyde and Unguentine have proven to be the most valuable therapeutic agents.

PHAGEDENIC CHANCER.

CASE 67. "Mr. F., aged twenty-four, came to my office on October 10th, 1897, with a phagedenic chancre on the prepuce extending to one-half the length of the penis. For seven months it had resisted all kinds of treatment by different physicians, and had never healed, even temporarily. The wound had been cauterized and curetted, constitutional treatment given, and yet the ulcer became more virulent in type. It was covered with muddy-looking morbid granulations, from the surface of which exuded a muco-purulent discharge. It resisted all treatment, including two unsuccessful attempts of skin grafting.

"As a preliminary treatment, I told the patient to soak the penis in hot carbolyzed water and come to my office next day. The ulcer was then irrigated with a 2 per cent aqueous solution of formaldehyde, dried and dressed with Unguentine. The ulcer was treated in such a manner daily. An improvement followed in a few days. After two weeks' treatment not the slightest sign of pus was to be found. The ulcer became painless and was converted into a simple wound. The Unguentine alone was now used. The wound granulated nicely. On November 20th the patient was discharged, the wound having entirely healed." M. L. R.¹

CHILBLAINS.

CASE 77. "I have tried Unguentine on a patient who had chilblains of the heel. They were so bad that the skin was broken and were then in an ulcerated condition and terribly inflamed. In all my experience with chilblains I have never had any application act so favorably and promptly. I thought Unguentine might be good for the case, but it far exceeded my expectations, effecting a cure in a few days." (See also Frost Bites, page 59.) G. N.²

FOR COUNTRY DOCTORS.

"Unguentine is the best thing in existence for the country doctor." Dr. L. C. L.³

"There is nothing so valuable for the country doctor as a pound jar of Unguentine. I have tried it in a case of excoriations of nipples and found it better than anything I had ever tried. In extensive bed sores there is nothing better. On old and chronic ulcers of the leg it is the treatment. I don't see how I can get along without it."

Dr. H. W. B.⁴

"I do not intend to be without it in my country practice." T. E. K.⁵

1 M. L. Ravitch, A. M., M. D., Lexington, Ky., in *Cincinnati Lancet Clinic*.

2 Geo. Nichols, M. D., Brooklyn, N. Y. (See also Frost Bites.)

3 Dr. L. C. Laycock, Alexandria, Ohio.

4 Dr. H. W. Bacon, Eden Mills, Vt.

5 T. E. Kirley, M. D., Upton, Mass.

CORYZA.

* **DIRECTIONS:**—In excoriated nostrils a thin layer of lin-tine saturated with Unguentine should be laid over the part and fastened in place with adhesive plasters. Change the dressing every two or three hours.

CASE 78. "I have tried Unguentine in a case of coryza with great benefit by snuffing it into the nostrils. Used it in several bad cases of sore nose which it cured at short notice. It is by far the best thing in the ointment line I have ever tried."

Dr. M. J. A.¹

CUTS.

CASE 79. "I am highly pleased with Unguentine for cuts, wounds, etc. I have used it with very satisfactory results, and so far it has proved a very valuable preparation in my hands."

H. N. R.²

CASE 80. "I am very highly pleased with the results obtained from use of Unguentine and would not be without it. I use it on all raw surfaces desiring an anti-septic, healing and soothing effect, such as cuts, bruises, burns, ulcers, etc. It is the best thing I have ever used."

Dr. C. H. Q.³

CASE 81. "I have used Unguentine in cut fingers, burns and bruises and found it to be a grand thing."

Dr. D. L. R.⁴

DERMATITIS, X-RAY.

CASE 82. "A young man 27 years of age was examined with the X-rays for the purpose of locating a bullet in the abdomen. His unprotected abdomen was exposed to the tube forty minutes at a distance of five inches. There resulted a dermal inflammation covering the entire abdomen. The inflammation did not extend beyond the true skin. The appearance of the burn resembled cooked flesh. I saw the patient several weeks after the exposure and some days after treatment had been practiced. The patient was not doing well, and I therefore advised that Unguentine should be used in the same way as in inflamed eczema. The irritation ceased at once and the inflammation rapidly subsided. The patient made an uneventful recovery."

CASE 83. "This case was one in which the back of the hand and nails of all the fingers became the seat of

1 Dr. M. J. Alexander, Austin, Miss.

2 Henry N. Rand, M. D., Professor of Diseases of Children, L. I. College Hospital, Brooklyn, N. Y.

3 Dr. C. H. Quayle, Dodgeville, Ohio.

4 Dr. D. L. Ross, Scotland, Conn.

pathological change. This was caused by constantly manipulating the tube while the electrical charge was passing. Deep cracks and fissures crossed the back of the hand and fingers, the margins of which were indurated and swollen. The bases of the fissures were raw and would bleed easily and the parts were very tender. The unguinal matrix was not destroyed, but a line of demarcation indicated the separation of the old nail from the new. I used Unguentine liberally twice daily, without previous preparation of the hands. As in the former case, inflammation and soreness quickly subsided, and the patient made a good recovery. Unguentine is a specific for all conditions of electrical burns to the skin, whether due to streamers from an ordinary source or emanating from discharge tubes, and it should have a place in the office of every operator." H. R.¹

DERMATITIS.

CASE 84. "In August last a young athlete spent two or three days consecutively in playing golf in the broiling sun, his arms exposed to the shoulders, with the result that he suffered from the most severe dermatitis from sun heat I ever saw. His skin was fairly cooked from the wrists to the upper third of the arm, enormously swollen, intensely painful; well marked constitutional symptoms, as alternate chills and fever, coated tongue, loss of appetite, intense headache and general prostration developed. For two days he had to go to bed. General dermatitis and a moderate degree of cellerlitis characterized the condition. Various local applications had been tried, as witch hazel, acetate of lead, carbolyzed vaseline, etc., with but little relief. Later the arms were freely anointed with Unguentine and wrapped in roller bandages thoroughly impregnated with the ointment, the result being quick relief and subsidence of the inflammation and consequent painful distention and stiffness. For this and similar inflammations, as from poisoning, superficial erysipelas, first and second degree burns, insect stings, etc., this salve may be depended upon as a useful adjuvant to internal remedies." D. C. E. F.²

CASE 85. "I have used Unguentine in dermatitis and erythema with most excellent results." R. T. M.³

1 Heber Roberts, M. D., Ed. X-ray Journal, St. Louis, Mo.
 2 Dr. Chas. E. Fisher, Chicago, Ed. Medical Century.
 3 Dr. R. T. MacFarlane, Long Island City, N. Y.
 4 Dr. D. L. Ross, Scotland, Conn.
 5 Dr. C. H. Gazelle, Doerflinger, Ohio.
 6 Dr. J. M. J. Alexander.
 7 Dr. M. J. Rand.
 8 Dr. N. Y.
 9 Dr. N. Y.
 10 Dr. N. Y.

DRESSINGS.

WET VS. DRY.

* * * * * "The first essential procedure, therefore,

in the treatment of a wound, is to make it strictly aseptic by ablutions of sterilized water, with or without some chemical antiseptic which, if used, must not exceed, in the instance of corrosive sublimate, one part to four thousand; or carbolic acid, one part to fifty, either of which have been shown to be of sufficient strength to destroy virtually all of the spores of micro-organisms. After asepsis is obtained it is quite as important to promote it throughout the reparative process; since, if germs had access to a wound half healed or three-fourths healed; they immediately set up the putrefactive changes which soon result in the complete breaking down of all the tender tissue just formed, and in the scrofulous diathesis the necrotic process may extend beyond the limits of the original lesion, sloughing away structures which were, apparently, in the beginning healthy.

It is always necessary to be aware of the actual strength of the antiseptic to be used. The custom of pouring carbolic acid in unmeasured quantities into pans containing unknown quantities of water is dangerous, since the continued use of a solution of greater than five per cent. strength may at any time be followed by gangrene and terrific sloughing.

In the very earliest publication by Sir Joseph Lister, after extensive experimentation with this peerless antiseptic, he relates 'cases in which suppuration was caused by the application of too strong solutions.' He made it quite clear that bacilli were never found when wounds were properly covered with an antiseptic non-irritating dressing. If the shield had been, in the beginning, successfully excluded, since the possibility of the entrance of cocci under such circumstances is entirely precluded. But sometimes they gained entrance by growing in the discharge beneath the dressing, and so spreading into the wound; and also by growing in the superficial but dead layers of the epithelium which protected them from contact with the antiseptic in the dried gauze until sufficient suppuration was superinduced to pollute the entire dressing.

“It has been said that if alembroth gauze is applied next the skin, it is not infrequently followed by a considerable irritation, and sometimes even blistering of the surface; and to wash out the alembroth from the deeper layer of the gauze, and then to apply merely aseptic gauze, not containing any store of the antiseptic, next the skin, is another dangerous practice; for the sublimate from the outer part may not soak back into the discharge on the surface of the skin, and into the superficial layer of epithelium in sufficient quantity to prevent the growth of bacteria.’

“Again, it has been declared as to the mode of entrance of these pyogenic cocci into wounds, that they may get in while the dressing is being changed, either by falling in from the air or contamination by the surgeon’s hands, instruments, and so forth. This is easily avoided, however, and ought not to happen.’ ‘But most frequently they spread either through the dressings or beneath them in the intervals between the change of dressings. In my opinion they most commonly spread by growing in the discharge which is lying between the dressings and the skin, and in the superficial layers of the epidermis, more especially in the latter; for, as the result of the irritation of the antiseptic employed, there is hypertrophy of the epithelium, and thus a large number of dead epithelial cells are present, which, being soaked with the discharge, form a good nidus for the multiplication of the micro-organisms, unless, indeed, enough of the antiseptic has been communicated to the discharge, and the epithelium from the dressing, to render it an unsuitable soil for the development of bacteria. This is probably entirely impossible in a great number of cases when dry dressings are used. If the foregoing is not the case, the organisms will go on growing in the substance of this dead epithelium, protected by the superficial layers from the action of the antiseptic gauze, and thus they may, if a dressing is left on for too long a time, ultimately reach the wound and set up general putrescence. This is not a mere theoretical speculation since authors have been able to trace the development of the organisms beneath the dressings from their margin toward the wound, the extent to which they spread varying with the length of time that the dressing has been applied.’ Now, if these views as to the mode of entrance of bacteria into wounds are correct, it follows that it is of the greatest importance, when a dressing is changed, to wash and thoroughly disinfect the skin around the wound as far as the dressing extended, and somewhat beyond it, care being taken, of course, to cover up the wound, thus preventing its infection while so doing. If this

is done, then, at each change of dressing, the field of battle is transferred from the neighborhood of the wound to the margin of the dressing, and in accordance with the size of the dressing this battle field will be at a greater or less distance from the absorbing surface.' It is seen, therefore, that perfect asepsis must of necessity be practiced before the rapid and painless healing of a wound can be expected to occur. We are brought now to the consideration of the most important point of the subject.

“How shall a wound or ulcer best be rendered and maintained perfectly aseptic throughout the entire course of the healing process?

“The various forms of wet and dry dressings are entirely too numerous to receive separate comment in this brief essay, which is intended, more particularly, to be concise and lucid.

“At the hour I write these lines there is not a little dissension as to the best mode of walling out germs from raw surfaces. Every one is agreed upon the positive necessity of asepsis. Every one is probably willing to grant that the simplest course, when certain in its results, is the most desirable one to pursue. It has been said of Lord Lister's method of dressing wounds with carbolic gauze, paste, protective, cotton, wool, and so forth, that ‘nothing is left to be desired except greater simplicity.’ Yet it has been shown, and has been admitted, that infection often proceeded along the skin surfaces under the dressings until the wound was invaded with germs, rapidly setting up putrescence, which soon resulted in pollution of the dressing *en masse*. It was then that the great professor turned his attention to the preparation of a paste dressing. At his surgical clinic, in 1891 and 1892, the writer witnessed his efforts to obtain primary union by the application (to sutured incisions) of a paste composed of the two cyanides of zinc and mercury. Upon the occasion of his lecture, which immediately followed, the impression was created that a perfectly trustworthy antiseptic ointment was in many conditions virtually a matter of life and death, namely—some forms of abscess, sinus, pustule or ulcer, in which, for a time at least, a considerable serous discharge—shut in only by an antiseptic ointment—is emphatically necessary. It is easy to see, if such discharges are pent up by cotton-wool or gauze dressing, there is immediate danger of phlebitis and pyemia. On the other hand, if a perfectly antiseptic ointment is used, having the power to thoroughly overcome the putrescence of even a necrotic blood clot; having also sufficient styptic properties to control unnecessary capillary oozing, and having, still further, stimulating properties to

be imparted to cell formation—without in the least irritating, or tending, in the slightest degree, to fungous proliferation—the condition becomes at once decidedly favorable. It is almost needless to state that an ointment must, in its own corporate body, be strictly antiseptic, and with this end in view it should be composed of a petrolatum base, since every one is only too well aware of the early tendency of fatty vehicles to become rancid, and, therefore, within themselves septic, in which event their action, when not positively dangerous, is plainly *negatory*. Asepticism in an ointment is not less demanded than in a liquid portion for purposes of ablution or ingestion.

“There has been great disappointment in obtaining this stable condition in the zinc, mercury, and other preparations heretofore proposed, short of a strength violently irritating to the structure; and the profession, weary of witnessing the absence of antiseptic properties in zinc and other ointments, are almost unanimously abandoning their use. To meet the requirements heretofore enumerated, an ointment should contain a reliable antiseptic, a moderate styptic and astringent—say one part of Lord Lister’s sheet anchor, carbolic acid, to fifty; one part of ichthyol to twenty, one part of alum to six of the base—(petrolatum.)

“The Norwich Pharmacal Company’s formula of Unguentine contains carbolic acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per cent. ‘By a process of their own they eliminate most of the astringent properties of alum, thus rendering it *non-irritating* in this large amount. The base of Unguentine is pure petrolatum.’ There is probably no known drug of greater utility in the treatment of putrescent open sores than alum. This has been the common intelligence of well informed physicians for ages. What heretofore restricted its wide range of usefulness—its irritative properties—*has now been removed by the chemists*, and we have in the preparation—Unguentine—the best surgical dressing ever yet offered the profession.

“It were useless to attempt to speak authoritatively of this excellent formula were there not, in substantiation, reliable clinical observations forthcoming.

ERYSIPELAS.

CASE 86. “An unfortunate woman, who had been cast into prison for violating the Texas separate coach law, developed erysipelas the day after release. Immediately after the bursting of the first bleb a thick coating of Unguentine was applied on the inflamed surface of her cheek and covered with a cotton-wool batting pad. This procedure was carried out twice each day. Within a very few

moments after applying the ointment a thin, filmy covering appeared over the surfaces of the recently bursted blebs, which protected from the atmosphere and from bacteric invasion. There was no further extension of the disease; the inflammatory process was confined to the original area of the lesion, namely—the left side of the face—rapidly becoming healthy in appearance, and subsiding short of seven days.

BURN

CASE 87. “A boy of twelve knocked his shin, after which his mother bound it up with strips of soft domestic, wetting with spirits of turpentine. When she was absent the boy began lighting matches, when one ignited the rude bandaging on the limb and burned a four-inch band of the superficial layer of the skin away. In the absence of anything better in the house a small quantity of furniture [capa] varnish was poured over the denuded circle of cutis and allowed to remain over night. On the following morning this was cleared away with soap and sterilized water, and a thick coating of Unguentine applied. It was really remarkable how soon the protective film appeared over the vast burnt surface. There was no subsequent washing; no tearing away of the much-needed granulations by change of dressing; nothing more difficult of execution than the reapplication of the ointment twice daily followed by a roller of cotton-wool batting. There are many other cases of a like nature which might, if it were thought necessary, be recounted. The eschars which are seen after healing by the application of Unguentine are certainly insignificant, and there has never been even the slightest suspicion of injury by irritation to the most delicate structure.” E. B. J.¹

WET VS. DRY DRESSINGS.

CASE 88. “I used to believe in dry dressings, and but little in ointments, but the use of Unguentine has converted me. It seems to work the best after other dressings have been used, and cicatrization is slow.” P. H. V.²

LOCAL DRESSING.

CASE 89. “Unguentine has remarkable healing properties without any irritation. Indeed it can be used on even the tender skin of an infant without harm.” S. W. B.³

1 Edward B. Jackson, Houston, Texas in *Texas Medical News*.

2 P. H. Von Zierolshofen, M. D., Croghan, N. Y.

3 Dr. S. W. Bryan, Layton, Penna.

WET DRESSINGS.

* * * * * “But amid all this elaboration of apparatus it is to Sir Astley Cooper after all that the credit is due for his foreseeing therapy, leaping over, as it were, the dark chasm which separated the triumphs of his surgical pathology. It was he who, without the knowledge of the bacteriologia factor in the great problem of surgical treatment, by the intuition of genius gave to us the essential principles of external dressing for surface lesions. His formula however was open to the objection of violating one of the conditions herein laid down, that of permanence, in that lard was used instead of petrolatum, which has been since discovered and is now substituted in the preparation known as Unguentine, which is an ideal formula constructed along the lines of that suggested by Sir Astley Cooper, but altered to the conditions of modern aseptic surgery. The irritating effects of the ordinary alum have also in some way been obviated, furnishing thus a typical dressing for surface lesions. For internal lesions that are to be immediately and permanently closed beneath the sutured integument there are many valuable aseptic liquid preparations which we prefer to the too indiscriminate use of iodoform, *aristol et id omne genus*, but we are free to admit that for all external dressings we have found the highest fulfillment of modern aseptic or antiseptic surgery in the preparation just mentioned. Its formula is an ideal one, and its results are certainly very satisfactory.” * * * T. O. S.¹

“NONE EQUAL TO UNGUENTINE.

“There is not a surgical dressing, either wet or dry, on the market to-day that can equal Unguentine for general use, and there is no surgical dressing from which can be obtained as good and satisfactory results.” C. M.²

1 Thomas Osmund Summers, M. A., M. D., F. S. Sc., Lond. Professor of Anatomy and Orthopedic Surgery in St. Louis College of Physicians and Surgeons, St. Louis, Mo. Presented in Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, Denver, Colo., June 7-10, 1898.

2 *Cordet Medicus*.

ECZEMA, Successful Treatment of

* * * "To-day the medical profession is not bound down by any set or fixed rules of treatment, but all schools are one in that the honest and worthy unite in doing the greatest good to the greatest number, and in the shortest possible space of time. Every physician has noticed that it is not always the patient who has recovered from some grave malady that is the most grateful, but very often much of the reputation and prestige enjoyed by many is directly traceable to one or more patients cured of some so-called minor trouble. Among such cases none are more prominent, and at the same time more troublesome, than are ordinary cases of that common disease, eczema; and with the thought in mind of outlining a treatment which has proved itself to me to be efficient, I beg to submit a few reports of cases of this class:

CASE 90. ECZEMA OF THIGHS, ABDOMEN AND CHEST. "Mrs. Z., aged 58, consulted me after having tried six physicians in regard to eczema from which she was suffering. The disease involved her thighs, abdomen and chest. It had existed ever since the birth of her last child, nineteen years ago, and the torture attending it was at times almost unbearable. There was a severe itching, the parts were extremely tender, and the exudate from it was sufficient to saturate three thicknesses of ordinary clothing, and during the summer months she was compelled to insert pads made for the purpose to retain a presentable appearance. There was no indication of hereditary or acquired taint of the blood, and in fact no indication for external medication of any kind, so I placed her on a diet restricted to such food as was free from acids and an excess of condiment, and gave her a quantity of Unguentine, directing her to apply it every night before retiring by spreading it directly over the surface and protecting it as well as possible with a muslin cloth. The following night she was to cleanse the parts thoroughly and repeat the process. One week elapsed and she returned to me for another supply, stating that the case was much improved. After using it as directed four weeks all traces of the disease had vanished, and to my great surprise left the skin without a blemish. Frequent communication with this lady puts me in a position to know that the former condition has not returned."

CASE 91. ECZEMA ON TEMPLE.—“Mr. H., nephew of the former patient, had for several years noticed an irritated spot on his temple, which now appeared to enlarge and become more troublesome. Fearing that in the course of time it might involve the eye he applied to me for treatment. A small box of Unguentine was given him, with the usual directions, and a cure resulted before the entire box was consumed.

CASE 92. ECZEMA OF EARS, NECK AND SCALP.—“Miss B. G., aged about 17, occupation a waitress, came to me saying she had lost her position because guests had objected to her waiting upon them on account of a skin disease involving her ears, neck and portion of the scalp. Examination proved it to be ordinary eczema, and I promised her a speedy cure. She was somewhat anæmic also, and I gave her as follows: For the eczema, Unguentine, one ounce, applied at night to all the diseased surface; and internally a pill composed of iron, quinine, acid arsenious and strychnine. I did not see the case after that time until some months later, while traveling on the street cars, I noticed her sitting on the seat before me. I saw that the disease had disappeared, and that she was apparently in better health than when she had called on me. On inquiry I learned that the eczema had promptly disappeared by the use of the ointment that I gave her, and also that she had regained her former position.

CASE 93. SCROTAL ECZEMA.—“Mr. G. W., aged 34, occupation a cigar-maker, suffered for several years with scrotal eczema, which had also involved the anus and thighs. His occupation necessitated his being seated nearly all day. During warm weather he perspired a great deal at those parts, which made life almost unendurable. He said he had tried ‘everything,’ but never could get more than temporary relief. Unguentine was given him, with directions to apply it at night as in the other cases. The following week he called for more of it, stating that the first application seemed to relieve the itching and make him more comfortable. After using it for about fourteen nights he discontinued it and a few days ago I was told by him that the late ‘hot wave’ had not brought about a return of the trouble.

CASE 94. ERYSIPELATOUS INFLAMMATION.—“Mr. H., aged 52, occupation a driver, had his foot injured in a runaway, which caused erysipelatoous and deep-seated inflammation. Pains had begun shooting up the leg, red lines of inflammation were fast appearing, and my patient was greatly worried. Previous to this he had not been attended by any physician, but relied on home remedies. I ordered him to bed and literally bathed his foot in Unguentine and applied cotton dressings. In a few days he was about again, entirely convinced that I saved him from an agonizing death by lock-jaw.”

J. D. A. I

ECZEMA OF AUDITORY CANAL.

CASE 95. "I have applied Unguentine in a case of eczema in the external auditory canal with good effects. The patient was greatly relieved. I have also tried it in chronic inflammation and shall continue its use." J. M. C.¹

CHRONIC ECZEMA.

CASE 96. "In a chronic case of eczema in which I used your Unguentine the results were all that one could wish. At first I could not understand from your formula how you could use such a large amount of alum without irritation, as the patient complained in former treatment that even the simplest lotions applied were irritating, yet your ointment contains five times as much alum as the U. S. P. formula and does not irritate. With such gratifying results I shall continue to use and prescribe it." A. L. S.

CASE 97. "In cases of eczema I was very much pleased to find the application of Unguentine readily relieved the pain, its soothing effects were very grateful to the patients, and the results from its use are the kind which are pleasing both to the patient and the doctor. Your ointment is well adapted for treating all cases of the above."

C. B. C.³

FACIAL ECZEMA.

CASE 98. "I have found it very certain and effective in all cases of acute and chronic eczema of the face or hands. It gives relief from the first application and the results in all cases where I have used it have been entirely satisfactory."

W. B. M.⁴

FACIAL ECZEMA IN CHILD.

CASE 99. "I had a most obstinate case of facial eczema in a child, which had refused to heal under ordinary treatment, when I thought of Unguentine, and it occurred to me that it would act well in such a case. I began dressing the diseased surface with it and the case improved from the first dressing, and in a short time was discharged."

T. J. B.⁵

1 Dr. J. M. Cooper, Johnstown, Penna.
2 A. L. Sherman, M. D., 348a 9th St., Brooklyn.
3 C. B. Carreth, M. D., Bloomfield, Nebr.
4 Dr. W. B. Morrow, Walton, N. Y.
5 Dr. T. J. Bowles,

ECZEMA OF THE FACE.

“When one attempts to treat eczemas of the face he must be one that is above the average physician both in actual experience and theoretical knowledge to make a success, for he must be able to distinguish that form which is caused by the action of irritating foreign material and that due to subjective derangements for one treated as the other should be would have a very bad effect and the case would never get well.

“We have several forms of eczema of the face and the attention will be called to a few of them. One that is very frequently seen, especially in dispensary practice is blephoritis marginalis, commonly known as granular lids, which is accompanied in fully seventy-five per cent of the cases by an eczematous eruption at the corner of the mouth and on the side of the nose and if the nares are examined there is a similar condition here also. This is the same trouble but in different places, and all caused by the tri-cophyton tonsurans. This micro-organism selects by predilection the hair follicles, attacks them, destroying them and causing a secretion or exudate which forms around the hair at its root in the form of a crust. Soon the hair drops out and the skin is left with an almost permanent redness which is very disfiguring. The treatment for this is practically the same in all its localities, but on account of the tenderness of the eye and the effect that certain drugs have on the conjunctiva we have to modify the treatment in that locality. For the corner of the mouth and the nose these scales or scabs should be removed by a strong solution of the bicarbonate of sodium or borate of sodium, and then Unguentine thoroughly rubbed into the skin in and around the parts, but it is not necessary that it should be kept in place by a bandage. If the nose has a purulent condition also the passages should be thoroughly sprayed out with an antiseptic solution and then the Unguentine applied. At night a very good way to get the good effects of the salve is to take a piece about the size of a pea and place it well up in the roof of the nose and let it be slowly melted. For the eyelids we use a mixture of thirty grains of the yellow oxide of mercury to the ounce of petrolatum and this

is thoroughly rubbed in the free margin of the lid. One little point which facilitates the application is to have the patient close the eyes as if asleep and then draw the skin at the outer canthus a little out and up and by this movement the lids are slightly averted, which makes it easier to apply the ointment.

RINGWORM.

“In this line it might be well to mention that ringworm responds very nicely and quickly to the use of Unguentine. There is one form of eczema seen in small children which are poorly nourished and live in bad hygienic surroundings, and the special locality selected seems to be behind the ears, the pinna and the roots of the hair along the temporal and posterior occipital regions. The characteristics of this form are, first there is a slight redness of the surface, no regularity of form of spots, but the general appearance of the center is like that left after a mosquito bite, no swelling but a great deal of intense itching which will last for several hours. The child will scratch the part and then it commences to swell, possibly to the height of a line and the surface is excoriated by the scratching. Inside of the next twenty-four hours the surface becomes very red and there is a glaze over it which soon dries and becomes a dark brown or yellow color. These crusts are very hard and brittle and the removing of them causes a slight oozing hemorrhage with a renewal of the crusts. These crusts do not form any larger than the area of the original lesion unless several of them are in contact when there is a large crust formed. The moving of the head or working of the scalp causes a great deal of pain and the child soon learns that the removal of the hard scabs will relieve the discomfort, so the little fingers are kept going. Examination of the crusts under the microscope shows them to be composed of epithelium blood corpuscles, hair dirt and a fungus similar in appearance to the trichophyton tonsurans but only about one-third the size. The treatment is principally cleanliness and in this process no soap must be used. Borax cleans the surface very nicely and then the crusts should be removed and the surface should be thoroughly dried. Calomel will heal, but forms scabs again and the fingers get in their work once more. An oil dressing is far better and the calomel in petrolatum makes a very nice dressing, but that only affects the surface, whereas this trouble seems to be below the surface, so we want a salve that will penetrate the skin with its germicidal effect and for this purpose Unguentine should be applied and the surface then protected by a cotton cloth dressing to prevent picking or scratching

with the fingers. Under this mode of dressing the parts heal in a couple of weeks but the treatment should be kept up for at least two weeks longer for it is very prone to relapse. It will be noticed that in the treatment advised in these cases no reference has been made to the use of the bichloride of mercury for the reason that to get its good results we have to make an aqueous solution, and in the treatment of all forms of eczema we want to keep the parts as free from water as possible. Again the bichloride to do any good has to be used in such a strong solution that it has an escharotic action, doing more harm than good. The menstrum or basis for all salves used for eczemas should be a soft oil with a comparatively low melting point, for the heavy or hard oils will not melt and the dressing or salve does about as much good as if it was put in a capsule and applied to the parts with a roller bandage. If there is crust formation over the surface this should be removed as quickly as it forms and then treatment in the direction to prevent reformation must be carried out, for pus accumulates under these crusts and we do not get any healing process at all. As a rule no bandages should be applied to the places unless to prevent the soiling of clothing or the scratching with the fingers.” E. C. U.¹

ECZEMA OF HANDS.

CASE 100. “I gave your Unguentine a fair trial in the case of a lady who had suffered for several years with distressing eczema of the hands. She had gone the rounds with the doctors and at times obtained temporary relief. I gave her a two ounce jar of Unguentine and after its use for ten days she tells me that ‘that little jar of ointment you gave me has cured my hands entirely. You see they are smooth and nice now.’” E. H. J.²

CASE 101. “A man with eczema of both hands had the disease for 12 years and after using Unguentine for only three weeks there was a nice smooth, soft and healthy skin where the pustules had been the worst.” J. B. B.³

INFANTILE ECZEMA.

CASE 102. “My first experience with Unguentine was in a case of eczema of the the entire scalp and face of a babe four months old. Six weeks after its birth the disease made its appearance. Two other physicians prescribed for it but it continued to grow worse for two months, when the father discontinued the treatment and consulted me in regard to it. When I visited the little sufferer I was greatly surprised to find it in such a pitiable state. I was informed by the parents that it had been crying and fretting for weeks day and night, and even with anodynes they could not produce any rest or sleep. I never saw a more inveterate case in my life. At first I had a large flaxseed poultice applied to the entire scalp in order to soften the scabs which I then removed and applied the Unguentine freely, and strange to say, the babe for the first time in weeks had a respite of ease and sleep. The case healed up very rapidly and was cured in a very short time. In all my practice I have never seen anything equal to it.” M. B. P.⁴

INVETERATE ECZEMA.

CASE 103. “I had a case of eczema that nothing would benefit—until I tried Unguentine and that cured it in six days. I think it is a wonderful ointment.” A. B. L.⁵

CASE 104. “I have used Unguentine in three cases of inveterate eczema with uniform and good results.” J. A. T.⁶

1 E. C. Underwood, M. D., Louisville, Ky.
2 Dr. E. J. Hall, Beaton, L.I.
3 J. B. Bates, Verdigris, Nebr.
4 Dr. M. B. Pollard, Winsboro, Texas.
5 A. B. Leggett, M. D., Babylon, N. Y.
6 Dr. J. A. Tyler, Ophir, Curry Co., Oregon.

INFLAMMATORY AND IRRITABLE.

CASE 105. "I have used your preparation in inflammatory and irritable eczemas with the most satisfactory results. It is seldom that the first application does not give some relief, and in two or three instances inflammation has been reduced in a very short time."

T. M. J.¹

ECZEMA OF LEGS.

CASE 106. "I tried Unguentine in a case of eczema of the legs. It seemed to have removed the disease completely. It is certainly a most wonderful and remarkable remedy and I shall continue to use it."

M. M.²

CASE 107. "Patient was a man about 45 years of age, well nourished and of good family history. He had eczema for eight years, affecting the right leg. The leg had been continually sore for this whole period, worse at times. It was of the moist type. Unguentine was ordered with directions to anoint the affected part twice daily. Improvement in five days, and in three weeks the leg was well and has remained so."

L. D. K.³

CASE 108. "The patient had been confined to his bed for weeks with eczema covering both legs from knee to foot. Unguentine was freely applied twice daily and the patient was completely cured."

R. F.⁴

LONG STANDING ECZEMA.

CASE 109. "I tried your Unguentine on a case of eczema of long standing. The patient claimed to be greatly benefited, said it gave more satisfactory results than any treatment heretofore used. I expect to test your preparation still further and to do so have asked our druggist to keep it in stock."

J. F. O.5

CASE 110. "I have used Unguentine as a local application on several cases of long standing eczema with splendid results."

W. H. S.6

MOIST ECZEMA.

CASE 111. "I have been using Unguentine and like it very much. I find it especially indicated in moist eczema. It acts better than any other remedy I have ever tried and it is a good general healing and soothing ointment in chronic ulcers, burns and wherever an ointment is required. It is, in fact, really all you claim for it."

J. S. G.7

RECURRING ECZEMA.

CASE 112. "I had begun to feel discouraged in the treatment of obstinate cases of recurring eczema until I tried Unguentine. In one of these cases I made application night and morning for about a week, and much to my surprise found that the vesicles had all disappeared and even after the lapse of three months have not reappeared—could more or better results be wished for?"

R.R.S.8

1 Dr. T. M. Jones, Hernando, Miss.

2 Dr. Mac Moore, Petty, Ala.

3 L. D. Keith, A. B., M. D., Anna, Ill.

4 Dr. Robt. Fraue, Milford, Del.

5 Dr. J. F. Osborne, Trenton, Tenn.

6 Prof. W. H. Saylor, M. D., Prof. of Diseases of the Genito-Urinary Organs and Clinical Surgery, U. of O., and Surgeon to the Good Samaritan Hospital, Portland, Or.

7 Dr. J. S. Gallagher, Beloit, Ohio.

8 Dr. R. R. Stoddard, Columbus, Miss.

ECZEMA OF SCALP.

CASE 113. "In a most aggravating case of scaly eczema of the scalp, a little child only 18 months of age, in which I had used nearly all known eczema remedies without result, I tried Unguentine which did its work nicely and healed the scalp in a very short time." S. H. S.¹

CASE 114. "A case of obstinate eczema of the scalp. After having used all the usual remedies including Heiskell's deservedly popular ointment and antiseptics, I found Unguentine afforded marked relief and comfort and that the disease rapidly disappeared until a perfect cure was effected." J. O. G.²

CASE 115. "I have used your preparation in a very bad case of eczema of the scalp. It acted like a charm. The soothing and healing effects were noted from the first application, and I cannot too highly recommend it to the medical fraternity." J. W.³

SCROTAL ECZEMA.

CASE 116. "About a month ago I had a case of scrotal eczema that had resisted all treatment, local and constitutional. I tried Unguentine with very satisfactory results, so much so that I shall not hereafter be without this preparation." A. P.⁴

CASE 117. "I used Unguentine in an obstinate case of eczema of the scrotum with very satisfactory results. I saw the patient to-day and he told me with much warmth that I cured him after all the others had failed. This is due to Unguentine which I shall certainly continue to use." W. B. H.⁵

CASE 118. "I have just discharged a case of scrotal eczema that yielded to the use of Unguentine after all the usual remedies had failed. I consider it a fine preparation." W. T. S.⁶

SQUAMOUS ECZEMA.

CASE 119. "I used Unguentine on a case of squamous eczema that had resisted many other treatments, and the Unguentine did the work, completely curing it. I shall certainly continue its use in all cases where it is indicated." E. R. L.⁷

1 Samuel H. Singleton, M. D., Matthewson, Okl.

2 Dr. J. O. Green, Sewanee, Tenn.

3 Dr. J. Williams, Kenesaw, Neb.

4 A. Paige, Rushmore, Ohio.

5 Dr. Wm. B. Harrison, Columbia, Tenn.

6 Dr. W. T. Street, Paulding, Miss.

7 Dr. E. R. Lang, Cove, Oregon.

UNIVERSAL ECZEMA.

CASE 120. "I had a case of universal eczema in which I had used all kinds of antipyretic remedies without any relief to the tormenting itching, yet I found Unguentine to be of great benefit and comfort to my patient, soothing from the very first and healing to a degree of rapidity that is all that could be wished for." J. J. L.¹

WEEPING ECZEMA.

CASE 121. "I have used nearly two pounds of Unguentine in the case of weeping eczema and indolent ulcer of the leg on an aged woman. I was much pleased with the result." R. J. M.²

EPITHELIOMA.

CASE 122. "After giving Unguentine an honest trial in several cases I can only say this much of it: Unguentine as a surgical dressing and ointment is the best combination I have yet found in the sixteen years I have practiced medicine in this country and in Europe. I have used it in an old standing case of epithelioma and also in several cases of ulcero crustations of syphilides with the very best results and I will say that whenever I have to prescribe an ointment for ulcers or sores of any kind or nature I cannot and will not prescribe anything else but Unguentine." *See Surgical Dressings, page 43. P. A. L.³

ERYSIPELAS.

CASE 123. "In cases of erysipelas of the face Unguentine proved of decided value. Soon after its application the sensations of burning or itching were much less intense. The extension of the inflammation was also rapidly arrested. This was especially observed in a case of erysipelas originating evidently from a pus crust in the nose, in which the process had involved the integument of one side of the nose, but was prevented from invading the rest of the face by the timely use of Unguentine. Attention has been frequently called to the value of ichthyol in cases of erysipelas and as Unguentine contains not only this useful drug, but also carbolic acid which is highly recommended in this affection, as well as that excellent astringent, alum, in non-irritating form, it possesses all the elements of an effective preparation in these cases." I. J. of S.⁴

CASE 124. "Was that of a case of erysipelas on the hand of a girl 14 years old. There were pimples formed when seen, also inflammation to considerable extent. Unguentine was ordered with the disappearance of inflammation in two days and an uninterrupted recovery." L. D. K.⁵

1 J. J. Lamadrid, Brooklyn, N. Y.

2 Dr. Robert J. Morrison, Brooklyn, N. Y.

3 Dr. P. A. Leischner, 31 N. Wright St., Chicago, Ill.

4 *International Journal of Surgery.*

5 Dr. L. D. Keith, A. B., M. D., Anna, Ill.

CASE 125. "I have used Unguentine in a case of erysipelas of the face with such good success that I will never be without it again." P. A. A. C.¹

CASE 126. "Some three years ago I became acquainted with the merits of your Unguentine and have never been without it since. I depend upon it largely in the treatment of erysipelas and kindred afflictions. For burns, ulcers and a general surgical dressing it is par excellence and never fails to give satisfaction." J. F. L.²

FELON.

CASE 127. "Receive my blessings for Unguentine. I know it has aborted a felon on myself. I have used it in cases of hæmorrhoids with best results." D. C. U.³

CASE 128. "I am more than satisfied with Unguentine as an antiseptic and healing agent in treating felon." P. F. H.⁴

FEVERS.

CASE 129. "I have used Unguentine in several cases of typhoid and malarial fevers as a poultice, and it has proven to be the best thing I have ever used. It is far superior to the old flaxseed or bread poultices, easier made, requires no heating, is cleaner and nicer, can be prepared in one-fourth the time and if once used will always be used. I heartily recommend it in all such cases to my brother practitioners." H. P. C.⁵

CASE 130. "Unguentine has been used in a number of cases of scarlet fever. It seems to allay the intense itching and aids desquamation. I cheerfully commend it." L. F.⁶

FISSURES.

NIPPLES.

CASE 131. "I have used Unguentine for fissured nipples with very satisfactory results and so far it has proved a very valuable preparation in my hands." H. N. R.⁷

RECTAL.

CASE 132. "The antiseptic and healing properties of Unguentine in several cases of rectal fissure have proven highly satisfactory." W. B.⁸

VULVAE.

CASE 133. "I have used Unguentine with good success in a case of vulva fissures. Have also used it in pruritis ani and must say that in both cases it acted promptly and I shall continue its use." H. W.⁹

1 P. A. A. Collett, M. D., Fall River, Mass.

2 J. Frank Locke, M. D., Long Prairie, Minn.

3 Dr. D. C. Urquhart, Ocean View, N. J.

4 Dr. P. F. Hogan. (See also Carbuncle.)

5 Dr. H. P. Cantrell, Attie, Mo.

6 Louis Fisher, M. D., Instructor in Diseases of Children, N. Y. Post Grad. School and Hospital, New York City.

7 Henry N. Rand, M. D., Prof. of Diseases of Children L. I. College Hospital, Brooklyn, N. Y.

8 William Bingham, M. D., Seville, Ohio.

9 Dr. Herman Wellner, Manchester, N. H.

FRACTURE, FEMOR.

CASE 134. "I was called to see a boy eight years old who had been riding on the back of an ice wagon and in some way got mixed up with one of the wheels. I found a fracture of the femor of the right thigh and an abrasion on the lower third of the leg over the tendon of achillis about two inches long by an inch and a half wide. The boy was full of bruises from his head to his toes and looked as if he had been held against the grindstone until one half his skin was ground off. This was the effect of the wagon wheel. After washing him thoroughly with warm carbolized water I applied Unguentine freely over all the surface and had him out in about six weeks time." R. B.¹

FROST BITES.

CASE 135. "I used Unguentine in a case of frosted feet, extremely tender to the touch and very sore. Had been using the ordinary remedies for some time without any result. The first application of Unguentine was a surprise to myself and patient, and in a few days they were entirely healed and patient discharged. I have been in the constant practice of medicine for over fifty years and can say for Unguentine what I cannot say for any like remedy in the whole catalogue—that it beats them all." J. M. H.²

GENERAL PRACTICE.

[Extract from Editorial.] "That we might be able to report, with absolute confidence in the accuracy of our conclusions, we lately set on foot inquiries in several directions regarding The Norwich Pharmacal Co.'s 'Unguentine'; taking care that no persons commercially interested in, or connected in any way with the production of this dressing should have any inkling of our investigation. We also went among those who had bought 'Unguentine' in the open market and who would be influenced simply by their experience in estimating its qualities.

"The report we have secured is a remarkable testimonial to the value and reliability of 'Unguentine.' * * * We are happy to find ourselves in a position where we can give full assurance to our readers that the article, concerning which quite a few of them have requested reliable information, will altogether answer their purpose." —³

1 Dr. R. Belmer, 116 Erie St., Jersey City, N. J.

2 Dr. J. M. Hole, Salem, Ohio.

3 Editorial in *American Journal of Health*.

WIDE RANGE OF USEFULNESS.

“Very seldom do I say anything for a preparation that might be used as a testimonial, but I feel that I have sufficiently tried Unguentine to lend a word of encouragement to its varied uses. I used it almost exclusively in a case of severe conjunctivitis, due to strong caustic silver nitrate, with the most gratifying results. The severe pain ceased almost instantly, the severe burning subsided, and the lachrymal fluid checked. Patient comfortable in twenty minutes and slept soundly for the night. We never had any more swelling or further alarm. I have treated another case of conjunctivitis with similar results, that was brought about by chrysophranic acid, used for a ringworm. We use Unguentine exclusively in our family for all sores, bruises, diseases of the skin (including parasitic troubles) and mucous membranes, such as hæmorrhoids, etc. We have equally as good results in general practice. I treat all my cases of operative hæmorrhoids with Unguentine successfully. Endometritis is treated handsomely by filling six grain capsules with Unguentine and putting two or three of them as far in the uterine canal toward the fundus as possible with suitable forceps and adjusters. The results have been fine with all I have treated so far. Unguentine is the fat man’s friend. I speak from personal experience. It has no superior for chafes. It is worth its weight in gold for this alone, to fat folks. The so-called “teeter” in the hands of our fishermen and watermen has no show for existence when Unguentine is applied freely twice a day.”

F. P. G.¹

FOR EVERY DOCTOR’S OFFICE.

“As an all-round remedy for the use of the physician or surgeon we heartily recommend ‘Unguentine.’ In gynecology it will be found an excellent application to the inflamed cervix. The ophthalmologist will find it a most potent remedy in the treatment of inflammatory condition of the lids. In trachoma it may be substituted for the yellow oxide ointment with satisfaction. As a lubricator of sounds and speculæ it fills every requirement. A sovereign remedy for the office of every doctor.”

M. H.²

¹ F. P. Gates, M. D., Mantua, N. C., in *Pacific Med. Journal*, Dec., 1898.

² *The Medical Herald*.

SATISFIES THE GENERAL PRACTITIONER.

"Have used your Unguentine in a large number of cases with most excellent results, and find it a valuable addition to the list of ointments."

W. F. K.¹

"We use Unguentine in our practice and heartily recommend it to the profession."

R. & M.²

"Unguentine is all that the manufacturers claim for it."

F. S. C.³

"I have found Unguentine good in every case in which I have tried it."

W. H. G.⁴

"I have used Unguentine very extensively and with most admirable results in sarcoma, bedsores, old ulcers, inflammation and as an antiseptic dressing. It is now my favorite ointment."

K. A. E.⁵

"Unguentine has given perfect satisfaction in my hands. Have used it with good results in a large number of cases in which it is indicated, and I think those who will give it a fair trial will agree with me that it is a very efficient and elegant pharmaceutical preparation."

O. W. S.⁶

"Unguentine does good service in eczema, inflammation, injuries of all kinds, and in hæmorrhoids, and as a dressing for wounds, it has done all that is claimed for it, and I shall continue to use it."

I. C. H.⁷

"In all cases of cuts, burns, bruises, stings, bites and wounds, or wherever an ointment was wanted, Unguentine has done very satisfactory work. The effects in some cases have been phenomenal. I am so well pleased with it that I keep it at my home at all times. You have a very fine ointment."

N. W. R. S.⁸

"I find your claims for Unguentine as an antiseptic, astringent, emollient and restorative application are well evident in practice. Its essential constituents certainly make it a valuable resource."

D. M.⁹

"Your preparation pleases me so well in all cases in which I have used it that I keep it in my office and carry it with me in my buggy case at all times. I use it daily and know of nothing which has so large a field of usefulness in general practice as your Unguentine."

A. Z.¹⁰

1 Prof. Walter F. Knoll, Professor of Surgery, Chicago Medical School, Chicago.

2 Drs. Regoster & Montgomery, Ed. & Prop. *Charlotte Med. Journal*, Charlotte, N. C.

3 Dr. F. S. Cassedy, Ed. *Medical Argus*, Minneapolis, Minn.

4 Dr. W. H. Grayson, Bogota, Texas.

5 Dr. K. Arnid Enlid, Supt. Dr. Enlid's Sanitarium, New Berlin, Conn.

6 O. W. Sutton, M. D., Bath, N. Y.

7 Dr. Ira C. Hopkins, Utica, N. Y.

8 Dr. Neal W. R. Straw, Gorham, Me.

9 D. Myerle, M. D., Surgeon Eastern Dist. Hospital, Brooklyn, N. Y.

10 Dr. A. Zeller, Couimans, N. Y.

"The cases in which I have used it are legion. In fact I now prescribe it almost exclusively in my practice where an ointment or dressing is indicated, and its results have been in all cases satisfactory. A trial will convince the most skeptical." S. R. N.¹

"Your Unguentine is very satisfactory indeed. I have used it chiefly in external applications, with the very best results." O. C. T.²

"We have used Unguentine with enough satisfaction to cause me to include it in our drug order for next month, and expect that Unguentine will be used daily in the asylum after this." L. E. S.³

"I have used Unguentine for three years and would not be without it in my laboratory." W. G. S.⁴

"I first became acquainted with your preparation some two years ago. The results of its use were so satisfactory that I depended entirely upon it when any application was indicated, and I prescribe it often and it never fails me—in fact I can hardly practice medicine without Unguentine." J. E. G.

"I use and endorse Unguentine indiscriminately." Dr. C. F. T.⁵

"I have given Unguentine a trial in a large number of cases and have obtained the most satisfactory results in each and every case." C. L. A.⁷

"I have used it for burns, pruritis, chronic ulcers and in fact in nearly all cases where it is indicated. In eczema I use it after washing the surface with a dilute solution of H² O² and in hæmorrhoids it gives me much comfort. I consider it a most excellent preparation as well as a soothing and healing ointment." J. E. B.

1 Dr. Samuel Robinson Nissley, late Surgeon of the 2nd Pennsylvania and 1st Prov. Penna. Cavalry, and Medical Officer to Board of Health, Elizabethtown, Penna.

2 Dr. O. C. Tarbox, Princeton, Minn.

3 L. E. Stocking, M. D., State Insane Asylum, Agnew, Cal.

4 W. G. Stedman, M. D., Caledonia, N. Y.

Dr. James E. Gaston, Mineral Ridge, Ohio.

6 Dr. C. F. Taylor, Ed. & Prop. *Medical World*, Philadelphia, Penna.

7 Dr. C. L. Ainsworth, 34 Talbott St., Indianapolis, Ind.

8 Dr. J. E. Brooking, Hallowell, Me.

GRAFTING.

See also page 23—Burns.

CASE 136. "I have used Unguentine steadily in all kinds of cases with most gratifying results. Skin grafting was successful under it and if a more drying combination is required it works splendidly mixed with zinc or diachylon ointment. It certainly possesses strong sedative properties, due not only to its composition but also to its peculiar power of soaking through the unbroken skin." J. S. M.¹

PINK GRANULATION.

CASE 137. "Three bicycle riders came in collision at Manhattan Beach with the result that two of them had the skin rubbed off of all the exposed parts of their body. I treated them with Unguentine and it has done nicely for the pink granulations actually started to form in twentyfour hours. I shall certainly continue to use it." I. McM.

CASE 138. "The properties of both an ointment and a cerate are most delightfully combined in Unguentine. It is soft and emollient but not 'soggy.' It protects wounds and ulcers from bacterial infection and promotes healthy granulation." M. S.³

CASE 139. "I find Unguentine an excellently well made ointment of very useful composition and have used it to advantage in many conditions of granulations and in all cases that require a wet dressing." E. T. T.⁴

CASE 140. "In cases where I expect primary union as well as in open and granulating wounds I have found Unguentine a successful and satisfactory dressing."

H. P. W.⁵

CASE 141. "I have used Unguentine in three typical cases of ulcers and in every case healthy granulations were set up and complete healing took place in a very short length of time." W. S. J.

¹ Dr. J. Stewart Morris, Revere, Mass.

² Dr. I. MacMunnholley, 636 St. Marks Ave., Brooklyn, N. Y.

³ *Medical Summary.*

⁴ E. T. Tappey, M. D., Adjunct Prof. Clinical Surgery, Detroit College of Medicine.

⁵ Abstract from lecture on Surgery, Chicago Med. Col. Med. Dept., Northwestern University, by H. P. Woley, M. D.

⁶ Dr. W. S. Johnson, St. Louis, Mo.

GYNAECOLOGY.

See also Obstetrics, page 74.

CASE 142. "I have used Unguentine as a dressing in gynaecology and find it extremely satisfactory in chafings, fissures, sore nipples and tamponing, and the results are most excellent wherever a soothing and healing application is needed."

L. M. P.¹

HERPES.

LABIALIS.

CASE 143. "A patient of mine, who suffers greatly from this complaint and upon whom I have tried nearly everything, came to me a few days after I received your sample and as a last resort I applied the ointment and told her to repeat at bedtime. The second day after she returned with her lips perfectly smooth and free from all sores."

G. A. J.²

CASE 144. "I have used Unguentine in quite a number of cases with the utmost satisfaction. In herpes labialis and in pruritis ani it has proven very satisfactory, so much so that I have ordered a supply through my druggist and will not be without it in the future."

B. F. T.³

PROGENITALIS.

CASE 145. "I have used Unguentine on a case of herpes progenitalis with blenorrhoea and found the result very satisfactory. From the formula of your preparation I should think that the dermatologist would find Unguentine a very valuable aid."

G. W. D.⁴

HOSPITALS.

Unguentine is used as a surgical dressing in the Post-Graduate, Polyclinic, Bellevue and Beth Israel, New York; Jefferson, University of Pennsylvania, Hahnemann, Philadelphia; Harper, Detroit; Cook County, Chicago, and in the City Hospitals in Louisville, Ky., and Cincinnati, Ohio.

"Unguentine is endorsed and prescribed by the leading physicians and surgeons of the United States and Canada, and has been adopted by the large hospitals throughout the country."

5

1 L. M. Plantz, M. D., Putney, Vt.

2 Dr. G. A. Johnson, Somerville, Mass.

3 Dr. B. F. Trueblood, O'Neill, Nebraska.

4 Dr. George W. Derrosier, Danville, Cal.

5 *California Medical Journal.*

HYPERTROPHIED GLANDS.

CASE 146. "On the 15th of March, 1894, a young man, aged 20, came to my clinic. On the left side of the neck he had a number of enlarged glands. Running along the border of the sterno mastoid muscle were two glands each the size of a hen's egg and a third somewhat smaller. His head was drawn to one side and the swelling looked enormous. There was but little inflammation. I gave him a quantity of Unguentine and told him to rub it in well every morning and eve. One week later he came back for more, and I was astonished to find how much smaller the swelling was. I kept up the treatment and at the end of two months could hardly find a trace of the enlargement.

"In other similar cases [four in all] I have had very good results."

D. F.¹

INFLAMMATION.

CASE 147. "I have used Unguentine with good success in a number of my cases, especially in acute and inflammatory troubles, also in various wounds and sores, and consider it a most excellent dressing for all injuries."

B. A. F.²

CASE 148. "I have used Unguentine in my practice for some time. As a dressing for acute inflammatory conditions there is nothing so good. I also find it very useful in eczema."

H. M.³

CASE 149. "I used Unguentine in a case of inflammation of the bowels with excellent success. The case was a very critical one and the action of the article was prompt and perfectly satisfactory. The absorbing powers of Unguentine are remarkable.

"I have also used it in several cases where its use was indicated and find it is all that is claimed for it."

J. A. S.⁴

CASE 150. "In a case of a child with chronic inflammation of the ear Unguentine proved most excellent, being easily applied, quickly relieving pain and curing the case. I have also used it in piles, laceration, bruises and skin affections, and in the case of a badly scalded hand found it the most excellent dressing. I think it is superior to any preparation on the market."

I. P. A.⁵

1 David Friedman, M. D., New York.

2 B. A. Fox, M. D., Birmingham, Ala.

3 Dr. Herbert Mickle, Buffalo, N. Y.

4 J. A. Sprague, M. D., Williamson, N. Y.

5 Dr. Isaac P. Alger, Cold Water, Mich.

INTERTRIGO.

CASE 151. "Unguentine had a most beneficial effect in two cases of intertrigo. In this affection I indeed think nothing in the world acts more promptly." A. R.¹

ITCHING FROM WOODTICKS.

See also Barber's Itch, page 13, and Itching Piles, page 80.

CASE 152. "A patient applied to me for relief from the intolerable itching caused by the bite of woodticks, that invest this part of the Rocky Mountains in the spring. In this case it was highly successful, allaying the itching almost immediately." C. W. L.²

LACERATIONS.

CASE 153. "Man terribly lacerated by barb wire fence, suffering from extremely bad lacerations, accompanied by much pain and soreness. Applied Unguentine freely. Relieved the pain at once and healed the lacerations without a scar." C. W. L.³

FINGER.

CASE 154. "I have been using Unguentine for some time and I am more than pleased with its effects. I have used it as a dressing after amputation of fingers, lacerated and contused wounds and in two or three cases of burns and in all cases with the happiest results. As a dressing for all kinds of wounds and injuries it is superior to anything I have ever used." G. B. M.⁴

HANDS.

CASE 155. "I have used Unguentine in the treatment of lacerated wounds in the hands, fingers, etc., such as are usually caused by machinery (where the tissues are so torn and crushed one would expect extensive sloughing). Sloughing was reduced to minimum, granulation and cicatrization took place in a remarkably short time." S. A. S.⁵

FINGER.

CASE 156. "I have used Unguentine as a dressing in a lacerated wound in an operation for lacerated perineum. It worked in, with very satisfactory results." E. E. McP.⁶

PERINEUM.

CASE 157. "I tried Unguentine in a case where union was not complete in an operation for lacerated perineum. It worked like a charm and is all that is claimed for it, a thoroughly antiseptic, soothing and healing surgical dressing." H. S. T.⁷

1 A. Rose, M. D., 336 E. 15th St., New York.

2-3 Dr. Chas. W. Lyman, New Castle, Colo.

4 G. B. Murray, M. D., Greenwich, N. Y.

5 Dr. S. Alex. Smith, 128 E. 28th St., New York.

6 Dr. Elmer E. McPeck, 656 Hough St., Cleveland, O.

7 H. S. Tucker, M. D., Prof. of Surgery, Bennet Med. College, Chicago.

SCALP.

CASE 158. "I was called to see a lady 72 years of age who had fallen down a flight of stairs backwards, the result of which was a lacerated scalp wound about $1\frac{1}{2}$ inches long. I did not make any stitches but merely brought the edges together with adhesive plaster and applied Unguentine and was very much surprised with the good results following. The wound is now entirely healed and leaves no scar."

Dr. O. W. L.¹

CASE 159. "I dressed a case of laceration of scalp with Unguentine, which I found to be a healing, soothing and stimulating, as well as a thoroughly antiseptic dressing. It can be used in all cases of minor surgery from a fresh cut to an old sore."

F. E. R.²

LEUCORRHOEA

AND ITS TREATMENT.

"There is no affection peculiar to females which carries in its train more debility or inconvenience than leucorrhoea, and it can be also stated with equal truthfulness, that it is one of the most common diseases met by gynæcologists and the general practitioner.

"Keating's definition of leucorrhoea is that it is 'a discharge of excessive secretion, non-hemorrhagic in character, coming from any portion of the mucous surface of the female organs of generation.' This definition, very general in its nature, is as satisfactory as we could expect to find in a few words. A description of the different varieties of leucorrhoea will only afford us a proper view of the nature of the affection.

"Leucorrhoea, while aggravated by and dependent for continual existence upon systemic dyscrasias of different characters, is in the greatest number of instances purely local in its essential nature. There are cases which seem to be dependent upon causes affecting the general health, and while it is not denied that the low standard of health of the patient has much to do with the development and continuance of leucorrhoea, yet we are firmly convinced that some influence acting as an irritant to the mucous membrane brought about the initial lesion.

¹ Dr. O. W. Lounsbury, Dayton, Ohio.

² Fred E. Ruppel, M. D., 171 51st St., Brooklyn, N. Y.

“The following forms of leucorrhoea are those most commonly recognized by the best observers.

“**LEUCORRHOEA OF THE VULVAE.** This form is seen to affect the vulva per se and does not extend to the mucous surfaces of the vagina. It is attended with a viscid secretion which collects upon the labia majora, which glues the lips together at the margin.

“This form is seen most generally in young children, and has for its cause intestinal and seat worms, irritation by clothing, filthiness, masturbation, gonorrhoea and other causes. This form, in quite young children, is often very important from a legal standpoint. Its presence often gives rise to the belief that children have been assaulted.

“**VAGINAL LEUCORRHOEA.** This form of leucorrhoea is not infrequently seen in single as well as married women. The discharge is of an opaque white character, often resembling curdled milk. It is very acid and contains denuded epithelial cells. This form varies in severity from that of a mild inflammation that is but trivial in its character to one where the surface of the vagina is denuded of the epithelium and often the discharge is entirely purulent. This form is also associated in some instances with cervical leucorrhoea.

“**CERVICAL LEUCORRHOEA.** By general consent of authors the most prevalent form of leucorrhoea is the cervical. It is the affection most commonly encountered by the general practitioner. The discharge in these cases is a glairy, tenacious mucous, which often is strikingly like the white of an egg. It is very adherent and is generally very alkaline in reaction. Under the microscope it will be found to contain a number of epithelial cells. In many cases the cervix on being touched with an instrument readily bleeds. This form is due to injuries during labor, or those sustained while abortion is being performed. Excessive coition and masturbation also are causative agencies. Coincident with pregnancy this form of leucorrhoea very often devel-

“**INTRA-UTERINE LEUCORRHOEA.** This form of leucorrhoea is generally met in young women who have narrowness of the orifices of the canal, and those who have suffered with endometritis. Women who have passed the menopause also are occasionally met with who have this form of leucorrhoea. The discharge is very glairy—but very often it is purulent and even contains blood. This form is rarely met with, and it requires the most constant and painstaking care on the part of the physician who has charge of the patient.

SUCCESSFUL METHODS OF TREATMENT.

“Having given in general outlines the various expressions of this affection let us now inquire into the most successful methods of treatment. The treatment to be successful must necessarily comprehend two needs—first, the general systemic condition and secondly the local inflammation. Attention to both conditions and rational treatment will bring us results that will be of a satisfactory character.

ATTENTION TO LOCAL INFLAMMATION.

“Here let me say that while constitutional treatment is of great importance we will fail to get satisfactory results unless due attention is paid to the local inflammation. In fact we shall often find that well directed local treatment will be all that is required to bring about a cure. Many symptoms supposed to be due to constitutional dyscrasias will disappear when local treatment of a correct character is applied. This is what we might expect when we remember what a drain on the constitution is sustained by many cases of leucorrhoea.

ARE THERE CONSTITUTIONAL TROUBLES?

“In the treatment of leucorrhoea it is very important to search out whatever constitutional trouble there may be present. If anaemia is present we will gain much headway by correcting this with proper treatment. The same can be said of any constitutional disease or condition—scrofula, syphilis, chronic bronchitis, phthisis and other conditions which lower the vital stamina will have to be corrected before the patient can begin to regain her former health. But we must not forget that local treatment must commence with and go along with whatever constitutional measure we may see fit to institute.

“These patients should be directed not to engage in fatiguing occupations, or where they have to do much lifting or where they have to stand up a great deal.

“The employment of injections has been depended on a long time, but the profession is now against them. Among the articles employed are sulphate of zinc, tannic acid, carbo-lic acid and other drugs.

“Many injections of solutions of these drugs have been employed, and in some cases they have done good, but the experience of the profession is now that the same and even greater good can be accomplished by other more certain means. Injections often are not made correctly and do not reach the surface affected and many times failure is due to this cause. Again, they very often cause irritation and do harm by enhancing the diseased conditions present.

LOCAL TREATMENT OF.

"Besides giving the needed constitutional treatment what local treatment is best? We answer that Unguentine applied to inflamed surface directly has given the best results. I have treated a great many cases with this as the local treatment with great success. I apply Unguentine, which has been diluted one-half with vaseline, on ordinary clean cotton (non absorbent) directly to the diseased surface. This is done once or twice daily as the discharge may or may not be profuse. Its application is not attended with pain, but it is soothing, and the results of the treatment have been in every way more rational and consequently more satisfactory than by other means.

"Let us give a few cases which seem to prove the superiority of this treatment.

CASE 160. "Annie, age 22 years, married and the mother of one child. She had been suffering from leucorrhoea for a year. I could account for this only on the ground that her cervix had been inflamed by an attempt that she had made to produce an abortion on herself. This patient was anaemic and complained greatly of weakness. She had a very profuse discharge, which often contained considerable pus. She was given treatment for anaemia, and Unguentine diluted one half its bulk with vaseline, was applied to clean non-absorbent cotton and put in position so that the diseased surface should be covered with the remedy. For the first week this was applied twice daily, but after that time the discharge was less and she employed the remedy less often.

"Improvement in this case was constant after the first week and the patient made a complete recovery, being under treatment only about six weeks. She is now, after a year, well and has had no recurrence of her affection.

CASE 161. "Corinne J., aged 3. The mother of this child kept a boarding house and feared that her little daughter had been mistreated by some one. She was found to suffer from seat worms. This patient's labia would be almost closed with the discharge that poured out from them. The seat worms were given a quietus in the proper treatment, and Unguentine diluted with half vaseline was applied over all tangible parts of the vulva. After this treatment had been employed on her one week the little patient had entirely recovered.

CASE 162. "Mrs. G., aged 33, had been a sufferer for a long time with leucorrhoea, which was of the vaginal variety, and her appetite was indifferent. Appropriate treatment remedied this condition and application of Unguentine diluted with simple cerate applied twice daily for the first week, then daily, or every other day as the conditions seem to warrant, brought about a complete recovery in five weeks. This patient has had no recurrence of the attack after eight months. Her strength is good and she is in good spirits and in every way the picture of vigorous health.

"I will close this article with these briefly given clinical histories, the space at my disposal being too limited for further histories. We may add that this treatment so largely employed in Louisville, is bringing such good results that it will gain further extension by the profession, who are generally quick to cast off old time and unsatisfactory methods for modern and scientific measures."

R. C. K. I

LUBRICATION OF INSTRUMENTS.

CASE 163. "I have been using Unguentine for lubricating bougies, sounds, speculums and other instruments used in urethral and rectal examinations to prevent irritation of the parts. It acts charmingly and I am much pleased with the same." Dr. B. S. K.¹

LUPUS.

CASE 164. "In a case of lupus on the lower eyelid which was in a very bad condition I commenced the use of Unguentine with some fear. Two days later I was delighted with the appearance. The ulceration was nearly all cleaned up showing healthy granulations underneath, and the pain was very much less. The soothing effect of Unguentine is wonderful in all cases in which I have tried it, especially in skin diseases and cancer." M. P. P.²

MAMMARY GLANDS

OPERATION ON

CASE 165. "I made use of Unguentine as a surgical dressing after removing a part of the breast and mammary glands and it acted very nicely. Its healing and antiseptic properties are all that one could desire." Dr. J. K. F.³

CONGESTION OF

CASE 166. "Recently I had a very aggravated case of congested mammary glands, i. e., caked breast. The lady suffered excruciatingly, the breast being nearly double its natural size. Although my usual remedy in such cases, viz: camphorated castor oil, was fairly effective, yet I concluded to give Unguentine a trial and am glad I did, for I obtained most gratifying results in less than one-half the time than with my former remedy, which I had used for many years, but is now discarded in favor of Unguentine." Dr. Wm. B. M.⁴

MASTITIS.

"It is now generally admitted that all cases of mastitis have their origin in infection from without, through some fissure or abrasion in the nipple. With this fact constantly in mind we direct our treatment toward prophylaxis, or the preparation of the nipple during pregnancy and their aseptic management during the puerperium.

"My preparatory treatment begins about the eighth month and consists in carefully bathing the nipples daily with alcohol 50 per cent.; this hardens the tissue, but leaves

¹ Dr. B. S. Kittles, Port Royal, S. C.

² Dr. M. P. Putman, 351 Mass. Ave., Boston, Mass.

³ Dr. J. K. Farnum, Port Huron, Mich. (See Nipples.)

⁴ Dr. Wm. B. Mann, 1570 Asbury Ave., Evanston, Ill. (See Nipples.)

it healthy, and if left at this point the nipple will readily crack at the first nursing. To overcome this condition I direct my patients to massage the nipple with Unguentine, gently pulling it out ten to fifteen times at each sitting. Incidentally I may say this preparation has given me the most gratifying results in the management of fissures during the puerperium. I apply it in the following manner: after carefully cleansing the nipple with a 2 per cent. carbolic solution and drying it a piece of sterilized gauze smeared with this preparation is placed over the cracked surface.” J. A. P.¹

“In several cases of mastitis I have used Unguentine and it works like a charm, in fact better than anything I have ever seen or used. It is good in inflammation of any kind.” F. C. C.

MEASLES.

CASE 167. “I know that every physician would use Unguentine if they only knew its merits. It seems to me I find some new use for it daily. My children, three in number, were sick with the measles, and I used Unguentine to quiet the burning and itching, with much satisfaction. During the twenty years of practice I have not used an ointment of any make that gives me so much satisfaction.” Dr. W. S.³

MINOR SURGERY.

See also Surgery, page 96.

“The formula of Unguentine at once caught my eye and commended itself favorably and I have used it quite extensively since. In burns, scalds, cuts, excoriations, simple ulcers and inflammatory skin affections I find it works admirably and shall continue its frequent use in the future.” S. I. R.⁴

“I have used Unguentine in the treatment of various local affections with excellent results. It answers admirably in all cases where an ointment is indicated. Its mild astringent, soothing and healing qualities are all you claim for it. As a pharmaceutical preparation it represents the highest degree of the pharmacist’s art.” L. C.⁵

“I have found Unguentine useful in abrasions, bruises, wounds and insect bites and, in fact, for a treatment and dressing in the long list of minor surgical cases that a doctor in a mining settlement is called upon to attend.” S. R.⁶

1 Abstract of lecture given at the N. Y. Post Graduate School by John A. Polak, M. D. (See also Nipples).

2 Dr. F. C. Cook, 937 Valencia St., San Francisco, Cal.

3 Dr. W. Sawyer, Pelham, N. H.

4 Samuel I. Roome, M. D., Lecturer on Surgery, N. Y. Post Graduate School (See Surgical Dressings).

5 Louis Conrad, M. D., Ph. G., Brooklyn. (See Surgical Dressings).

6 Dr. S. Richardson, Richardson, Utah. (See Surgical Dressings).

"I have tried Unguentine in burns, scalds, wounds, localized inflammations and as a surgical dressing in minor operations. In all these it is excellent and by its results commends itself to the busy practitioner." Dr. C. M.¹

"I have from twelve to fifteen cases a day, motormen, conductors and stablemen suffering from slight wounds, abrasions, cuts, bruises and burns, and about the only treatment I make is to give them a small box of Unguentine. It is certainly my sheet anchor in practice, as in every instance it heals all the above cases quicker than anything I have ever used." ²

NASAL DISEASES.

"We have found Unguentine an excellent application to the nose after the removal of spurs of the septum or anterior hypertrophies by either the saw, snare or cautery. Frequently the crusty scab which forms is the source of considerable annoyance to the patient and actually delays the healing process. The frequent washing with alkaline solutions renders the tissues boggy, and even then it is not always effectual. A small pledget of cotton with the ointment applied to one side and placed *in situ* will promote a more rapid healing of the nasal tissues than any other method with which we are familiar. After a few hours a bit of ointment may be applied frequently and the abraded surface kept comfortable as well as clean during the healing process." ³

NIPPLES,

See also Mastitis, page 71.

CRACKED.

"Unguentine is a remedy equal to all your claims for it. I have employed it in cracked nipples with satisfactory results. I have also employed it in eczema, hæmorrhoids, leg ulcers, and in fact wherever needed as a general or surgical dressing. Dr. R. K.⁴

EXCORIATED.

CASE 168. "Sometime ago I had a very bad case of excoriated nipples (puerperal) and as usual remedies in such cases gave no results I applied Unguentine. After a second dressing the nipples began to heal immediately despite the irritation of the nursing child from which cause almost always such grewsome results can be attributed." F. C. S.⁵

CASE 169. "I have used Unguentine in a case of excoriations of nipples, and find it better than anything else I have ever tried." Dr. H. W. B.⁶

1 Dr. Caldwell Morrison, West Orange, N. J. (See also Surgical Dressings).

2 Surgeon of Third Ave. Cable R. R. Co., New York.

3 *Atlantic Medical Weekly*.

4 Dr. Robert Killduff, 767 S. 12th St., Phila., Pa. (See also Mastitis, Obstetrics and Mammary Glands).

5 F. C. Spates, M. D., 938 Fanquier St., St. Paul, Minn. (See also Mastitis, Obstetrics and Mammary Glands).

6 Dr. H. W. Bacon, Eden Mills, Vt.

SORE.

CASE 170. "In sore nipples of nursing women I think Unguentine is the best remedy I have ever used. I have recommended it to others." T. L.¹

"In sore nipples Unguentine is par excellent."

A. M. C.²

"In the great variety of cases which the obstetrician is called to treat, such as sore breasts, indolent ulcers of the os-uteri, fissures of all kinds, I have found nothing so good as Unguentine. It rapidly and deeply penetrates the epidermis and thereby facilitates the absorption of the drugs contained in it. Its effect is soothing; it is thoroughly antiseptic and its healing properties will surprise any one who has not used it."

Dr. S. D. B.³

OBSTETRICS.

See also Gynaecology, page 63.

"I have given your Unguentine a thorough trial in the following diseases: eczema, both moist and dry, ulcerations of different kinds, ulcers of the leg of years standing in old people, fissured nipples of nursing mothers, lacerated wounds, amputation of thumb and part of hand, also erysipelas."

L. G. W.⁴

THE OBSTETRICIAN.

"The physician engaged in obstetrical practice probably sees more small wounds than the surgeon. He knows that the puerperal state is likely to be influenced by them, and experience teaches him that the greatest vigilance is sometimes required to prevent serious results. For instance, an easy delivery has taken place, no hand manipulation was necessary, no instruments were used, yet after the vulva has been thoroughly cleansed, a careful examination will probably reveal the presence of small lacerations: the fourchette may be torn, the vulva corded. Shall the physician be satisfied with leaving these lacerated parts in contact for several days with the exuding discharges? No; he will, if he is wise, make use of some protective application and then prompt healing will follow his efforts. The fact must remain constantly before his mind that as long as there is a solution of continuity in the skin or mucous membrane an easy entrance is afforded to pyogenic elements. The act of cleansing and protecting the lacerations should be performed by the medical man himself on each visit, unless he knows that he can trust the nurse.

1 Thos. Lathrop, M. D., L. L. D., Prof. Gynaecology, Niagara University, Buffalo.
(See also Mastitis, Obstetrics and Mammary Glands.)

2 A. M. Collins, A. M., M. D., Shelbyville, Ill.

3 Dr. S. D. Bowker, Kansas City, Mo.

4 L. G. Walker, M. D., Pound, Wis.

FIRST DAYS OF LACTATION.

“The first days of lactation are often days of great concern to the patient and the obstetrician as well. When the woman is nursing for the first time she often finds it a great trial. Her breasts are swollen, her nipples become fissured and the lips of the suckling child cause great pain. In this trying condition the physician must use patience and vigilance, for should a case of mastitis be developed, all the blame will fall upon him. Sometimes a breast pump will suffice to establish a free flow of milk, frequently it will be necessary to resort to massage. Let the doctor anoint his hands, seize the swollen breast behind the hard lumps, gradually and gently press with his fingers towards the nipples. This is very painful to the patient, but as she knows the importance of this treatment she will endure the ordeal. The cracks around the nipples may be due to malformation of the nipple, to irregular distribution of the lacteal ducts or to the greediness of the child. Whatever be the cause, the experienced physician knows that therein lies an element of danger not to be ignored. He may cauterize the fissures, bathe them with some antiseptic lotion, cover them with some ointment, but he will never forget that there is a possibility of infection until the sores are healed.

CARE OF UMBILICAL CORD.

“The care of the umbilical cord is too often left entirely to the attending nurse. The physician should not fail to superintend the management of the cord. In my practice I have discarded the use of burned rags, so dear to ‘old-fashioned’ nurses. I merely wrap the cord in surgical cotton, the blood and gelatine are thus absorbed, and the child’s bandage remains clean. A cord treated in this way is sure to become detached on the fourth or fifth day, and very rarely will suppuration interfere with immediate healing. If some slight discharge persists, I simply take a small quantity of Unguentine, which I apply over the navel and the irritation promptly subsides.

CASE 171. “Since I have written the name of my favorite ointment, I must say how I came to use it for the first time. A friend of mine, a physician, suffered much from internal haemorrhoids. They were large and protruded at every evacuation of the bowels. As he would not submit to a surgical operation he tried everything to allay the irritation which invariably followed each act of defecation. Through the use of Unguentine he obtained a greater amount of relief than from any other remedy. It was his habit to have a movement of the bowels just before going to bed, and after pushing back the protruding mass

he inserted into the rectum a piece of muslin liberally smeared with Unguentine. The soothing effect of this ointment soon eliminated all discomfort and the burning sensation. My friend's good word in favor of Unguentine induced me to try it in my practice and I procured a box of it. Its manufacturers tell us that Unguentine is composed of alum (especially prepared) 15 per cent., carbolic acid 2 per cent. and ichthyol 5 per cent., mixed with pure vaseline. This mixture certainly presents no objectionable element in its composition and one is sure to always have on hand a reliable preparation, a thing by no means certain in ointments prepared in drug stores.

ALWAYS IN OBSTETRICAL BAG.

"I have frequently used Unguentine and it has regularly proved of value, and I can recommend it to professional men. At present I keep Unguentine in my office and also in my obstetrical bag.

"In infantile eczema have found it more serviceable than zinc ointment. In painful ulcers, a thick coating of Unguentine over the ulcer alleviates the pain and irritation in a very short time. The dressing should be changed at frequent intervals if the ulcer is very foul.

AFTER DELIVERY.

"After delivery I make it a rule to smear over and around the fourchette a liberal quantity of Unguentine. The soreness so generally complained of after confinement is thus promptly reduced to a minimum.

"The following case illustrates the happy effect of this reliable preparation:

CASE 172. "I was called by a midwife to help her out in a serious situation. The patient was a child ten days old. He was in a state of rigidity and presented all the symptoms of tetanus monotorum. Examination of the navel revealed at once the true state of affairs. Pus was oozing from it and the outlines were angry looking. Evidently there had been in this case gross ignorance or neglect. Nervous sedatives were prescribed in fair doses and at the same time the navel was thoroughly cleansed and Unguentine applied freely, the dressing being changed every hour. Improvement showed itself the next day and then the dressings were not changed so frequently. To make the story short the child was out of danger after two days and recovery took place without further incident. In this case I am sure the use of iodoform or any other antiseptic powder would have resulted in failure, as insoluble powders cannot be expected to prove serviceable over a purulent wound.

"In the treatment of boils and carbuncles I have derived great benefit from Unguentine. It seems to act like a poultice. If pus is not yet formed the boil may be aborted. If too late the purulent mass will rapidly come to a point and a mere scratch of the knife will suffice to liberate the contents of the abscess.

TREATMENT OF SMALL PLEGMONS.

"I may be allowed to close this article by a few remarks on the merits of the different treatments of small plegmons. When the use of a knife is clearly indicated, the physician should not hesitate to resort to it, taking as a matter of course every measure to make the little surgical operation as painless as possible. Open wounds can be treated in three different ways: the dry, the moist and the fatty dressing. If the surface of the wound is small, perfectly aseptic, not irritated, the simplest way is by covering the surface with some powder like iodoform, bismuth, etc. This covering will secure a dry surface with hardly any possibility of infection. The wound may then be left to itself. The healing will take place readily provided protection from friction and dirt be maintained by means of a simple bandage.

"Wet dressings are sometimes to be preferred when the congestion is severe. The drawback to this kind of dressing is that the moisture must be steadily kept on; this process is thereby often very tedious. In cases of inflamed wounds with signs of possible suppuration my preference is decidedly in favor of ointments. A fatty dressing will generally be found more beneficial than powders or lotions. By it pain and inflammation are rapidly alleviated, the pus will be rapidly absorbed and if the dressings are frequently changed, suppuration will be promptly checked and the wound will soon assume a more healthy aspect."

H. A. R.¹

OBSTETRICS.

CASE 173. "For sometime I have been using Unguentine in dressing the severed cord of new-born children with very gratifying results. I grease the cloth and end of cord with Unguentine and it shrivels up into a dry black string without any hemorrhage. At the end of three or four days I use a few drops of sweet oil or white vaseline on cord when it softens and drops off. I believe with the use of Unguentine there will never be any danger of a few drops of blood oozing from end of cord. I tie the cord as of old."

A. L. S.²

1 Henry A. Richy, M. D., 161 E. 46th St., New York City.

2 A. L. Stiers, M. D., Dawson, Neb.

OINTMENTS VS. POWDERS, ETC.

"In cases of inflamed wounds with signs of possible suppuration, my preference is decidedly in favor of ointments. A fatty dressing will generally be found more beneficial than powders or lotions. By it pain and inflammation are rapidly alleviated. The pus will be rapidly absorbed, and if the dressings are frequently changed suppuration will be promptly checked and the wound will soon assume a more healthy aspect."

H. A. R.¹

ONYCHIA.

CASE 174. "I have used Unguentine in a case of onychia of several weeks standing. The case was cured in five days after commencing the use of your ointment."

Dr. H. E. R.²

OPHTHALMICS.

(DO NOT USE UNGUENTINE IF THE CORNEA IS INVOLVED.)

See also Burns, page 35, and Scalds, page 88.

CASE 175. "I have found Unguentine very beneficial in all forms of conjunctivitis when there are not corneal complications. As an ointment for applying to the external affections of the eye Unguentine is free from fats, a most decided objection in a lot of old ones, and it very seldom causes irritation even in the most severe cases of injury. In a large number of cases where Unguentine was spread directly on the conjunctiva, in no single case was any irritation observed."

Dr. N. L. N.³

EYES SAVED.

CASE 176. "Two men and one woman were mixing an old barrel of lime when a terrific explosion followed, the lime covering everything exposed, and as their eyes were full it was almost an hour before they could get help or find water. On my arrival at the place I cleansed them thoroughly and applied Unguentine alone. I changed dressings every two days. The flesh came off in large strips and chunks. After the third day I used iodoform in powder blower, applying very sparingly. All three recovered their eyesight and have not one blemish to show. Hereafter all burns in my practice will be treated with Unguentine."

A. D.⁴

1 Henry A. Richy, M. D., New York.

2 Dr. H. E. Randall, Lockport, Ill.

3 Dr. N. L. North, 118 Cooper St., Brooklyn, N. Y.

4 Arthur Doty, M. D., Chicago.

OS, ULCERATION OF.

See also Obstetrics, page 74.

CASE 177. "I have used Unguentine in both office and hospital work in cases of matritis and ulceration of the os and in such cases as I have treated I am delighted with the results. It is easy of application, clean in handling, does not stain; it is antiseptic, rapid in absorption and possesses remarkable healing powers."

M. R. O.¹

CASE 178. "I used it by smearing a tampon and placing it against a badly ulcerated os; a few such applications entirely cured the case, a very simple and effectual treatment which I would advise others to try as they will be pleased with it. As a dressing for the cord of a new born child I use it exclusively."

L. G. W.²

OTORRHOEA.

CASE 179. "I used Unguentine in a case of otorrhoea of over seven years standing. I first washed the ear with tepid water and then twisted a small cone with raw cotton, which I anointed well with Unguentine and introduced it as far in the ear as practical, letting it stay for four or five hours, removing and repeating the same process again with a fresh cone. Keeping this treatment up for thirteen days I dismissed the case as cured and at the end of this time the patient's hearing was greatly improved. I have also used it in many different minor cases such as cuts, bruises, etc., and it acted like a charm."

W. W. T.³

PEMPHIGUS, ACUTE.

See also Poisoning, page 83.

"Among the various diseases which might properly be termed vagrant from their wandering disposition and utter disregard for law and order in their manner and time of appearance, pemphigus very justly deserves a place. Though a comparatively uncommon disease in this climate, beginning about two years since, the acute form has been very prevalent throughout the Mississippi Valley, appearing in epidemics in various localities. It has been reported by Corlett, of Cleveland, and Ravogli, of Cincinnati, but up to the present I have seen no report from St. Louis, though, judging from the number of cases which I have met in a very limited pediatric practice, it must have been very common here as well.

1 May R. Owen, Gynaecologist to Eastern Diset. Hospital, Brooklyn, N. Y. (See also Gynaecology and Obstetrics).

2 L. G. Walker, M. D., Pound, Wis. (See also Gynaecology and Obstetrics).

3 Wesley W. Tucker, Casey, Tenn.

"It seems to have come to stay and while the cases which have come under my care have been distinctly typical, the continued appearance of the disease is my excuse for calling attention to it.

"With one exception my cases, six in all, have been infants of under six months. In each instance the disease seemed to develop without reason; there was no exposure, the babies were in the best of hygienic surroundings, throughout, before and after the trouble, were well nourished, and had all the intelligent care that could be expected for infants in homes of the better class. For these reasons and the fact that I had previously known the disease only in its graver forms, I was at a loss when called to the first case. The child presented groups of bullæ, which spoke eloquently for the diagnosis, but there was an etiological blank and an absolute absence of any but the local symptoms; at no time did the little patient seem aware of any trouble or give evidence of the slightest malaise. The same is true of two other cases, but in the remaining three there was slight temperature and evident malaise, which lasted two or three days, until the remedies administered had exerted their influence.

The bullæ were characteristic, they appeared in crops, the anterior surface of the body, the face, neck, chest, genitals and inner surfaces of the thighs were the areas of selection, while the abdomen, back and extremities were comparatively free. I also failed to locate any on the mucous surfaces. The blebs were discrete as a rule, though occasionally coalescing; at the start they appeared as little vesicles which quickly developed, hemispherical and bladder-like, to the size of a pea and larger, a few reaching a diameter of better than three-fourths of an inch. Their contents are at first transparent but rapidly become cloudy and often purulent. As a rule they make their appearance without warning, but a few were preceded by a slight local erythema. Spontaneous rupture was exceptional, but handling the babies resulted in the traumatic rupture of many, and as I observed that these healed more readily than did those which were not interfered with, I subsequently opened all except the smaller ones.

"The life of the blebs was about one week, varying a day or two either way. They appear in crops and usually there are present some three or more crops in their distinct stages of development. Their disappearance is as rapid as their advent, absorption is speedy, a scab, formed of the layers of the skin which have been dissected off by the process, persists, usually until the reparative process under-

neath is complete; the necrosis which characterizes the graver forms is entirely absent. After losing the scab a pigmentation persists for some time, but gradually fades out leaving the skin in its original condition." T. A. H.¹

PERITONITIS IN CHILD

CASE 180. "I applied Unguentine as a poultice in a case of peritonitis in child and in twelve hours the bloating of the abdomen had entirely disappeared with a complete recovery." C. H. R.²

PHLEGMON.

CASE 181. "I have used Unguentine in three cases: phlegmon, scald and laceration. It has seemed to act well. I think it is a most excellent surgical dressing." F.N.G.³

PILES OR HAEMORRHOIDS.

CASE 182. "I have found Unguentine to be a good stimulant for local application in hæmorrhoids and have used it in several cases with best results." C. B. C.⁴

CASE 183. "Unguentine has given me much relief in a case of piles." R. C. S.⁵

PILES AFTER CONFINEMENT.

CASE 184. "I have used Unguentine in many and varied cases. I find it especially servicable as a cooling and grateful dressing. In a case of piles after confinement it had a soothing as well as a curative action. Unguentine is exactly what you claim for it, an excellent antiseptic astringent, soothing and restorative ointment." Dr.H.H.R.⁶

EXTENSIVE AND PAINFUL.

CASE 185. "I have used Unguentine in several cases of extensive and painful hæmorrhoids with very satisfactory results, and consider it always indicated in such cases. Its soothing and antiseptic properties should commend it to all who wish an ointment or dressing. In fact I use it in every case where an ointment seems to be indicated and always with gratifying results." P. H. M.⁷

1 T. A. Hopkins, M. D., St. Louis, Mo.

2 Dr. C. H. Reniff, Castorland, N. Y.

3 Dr. F. N. Grineil, 600 20th St., Washington, D. C.

4 C. B. Caroeth, M. D., Bloomfield, Neb.

5 R. C. Smith, M. D., Gatesville, N. C.

6 Dr. H. H. Reigel, Catasauqua, Pa.

7 P. H. Markley, M. D., Hatboro, Pa.

ALLAYS PAIN INSTANTLY.

CASE 186. "In hæmorrhoids Unguentine allays the pain almost instantly. In fact never in its use in such cases have I obtained anything but successful results. I find it fills a long felt want." B. M. Y.¹

CASE 187. "I have tried Unguentine in a case of hæmorrhoids of long standing with very gratifying results. As an antipruritic it is the best I have ever used."

F. S. P.²

CASE 188. "Unguentine has fully maintained every claim made for it. I have used it in hæmorrhoids, in eczema, old sores, and in short, where a soothing application is wanted it renders good service." Dr. J. A. B.³

CASE 189. "I have used your Unguentine quite a little and find it the best ointment I have ever used for the treatment of piles. In eczema it has done more than I expected of it when I made a trial. For burns, cuts and all uses that I have had a chance to give it a trial I have been more than pleased with its use. I shall always keep it in my office." Dr. J. D. P.⁴

INFLAMED.

CASE 190. "I have tried Unguentine in a very bad case of inflamed piles in which it gave prompt relief. All in all I think your formula a very fine combination."

Dr. E. W. T.⁵

INTERNAL.

CASE 191. "I find it specifically useful in internal hæmorrhoids, varicose ulcers and all open sores." W. B.⁶

CASE 192. "A friend of mine, a physician, suffered a great deal from internal hæmorrhoids. They were large and protruded at every evacuation of the bowels. He tried everything to relieve the irritation which invariably followed each act of defecation. Through the use of Unguentine he obtained a greater amount of relief than from any other remedy. After pushing back the protruding masses he inserted into the rectum a piece of muslin liberally smeared with Unguentine. The soothing effect of this ointment soon eliminated all discomfort and all burning sensation." H. A. R.⁷

CASE 193. "I have used Unguentine in a case of internal hæmorrhoids, also in eczema, fissure of the navel and a number of other cases in which the results were most satisfactory. It is an excellent remedy." J. L. D.⁸

ITCHING.

CASE 194. "I am more than pleased with the result of your preparation, Unguentine. I used it first on a case of itching piles with good results and have also used it in ulcerations and excoriations in gynaecological practice and shall always have Unguentine on hand." J. E. Q.⁹

1 B. M. Yost, M. D., Linden, Pa.

2 Name withheld by request.

3 Dr. Jas. A. Butcher, Cedarville, W. Va.

4 Dr. J. Densmore Potter, Delphi, N. Y.

5 Dr. E. W. Thomas, Boonesville, Ark.

6 Wm. Bigham, M. D., Seville, Ohio.

7 Henry A. Richy, M. D., 161 E. 46th St., N. Y.

8 J. L. Day, M. A., M. D., 739 St. Denis St., Montreal, Canada.

9 Janet E. Quinn, M. D., 1036 Ann St., Newport, Ky.

CASE 195. "I have used Unguentine with remarkably pleasant curative effects in some of the most aggravated cases of itching piles that I have ever seen. It is a valuable aid to the physician and surgeon, and I certainly shall commend its use to my brother physicians." O. H. S.¹

CASE 196. "A prominent divine of this city had suffered for years with an aggravated form of piles. Almost every known remedy was tried to allay the trouble but only temporary relief was obtained. Three applications of Unguentine were sufficient to bring relief such as he had never before experienced, and after two weeks' treatment all indications of inflammation had disappeared." J. R. C.²

POISONING.

See also Bites, page 14.

IVY.

CASE 197. "We have used Unguentine with satisfaction as a general healing ointment in ivy poisoning, burns, inflammation, nasal catarrh, hæmorrhoids and whenever a healing ointment was indicated." 3

CASE 198. "Unguentine was used with perfect satisfaction in the case of a school girl badly poisoned by ivy on hands and face." J. B. B.⁴

OAK.

CASE 199. "I have used Unguentine with satisfactory results for poison oak, burns and ringworm." Dr. J. A. R.⁵

CASE 200. "The patient, a gentleman, was about convalescent of a very severe case of erysipelas when he came in contact with a poison oak vine. When I called to see him his face was swollen nearly beyond recognition, and he was suffering intensely. I applied Unguentine freely which in a short time greatly relieved him. The third application cured him." Dr. M. H. W.⁶

RHUS.

CASE 201. " * * * After the specific symptoms of rhus poisoning subside there sometimes remains an inflammatory or excoriated condition, which is best allayed by some emollient application, like the carbollized ointment; or if something astringent as well seems indicated, the alum ointment of Sir Astley Cooper made up with ichthyol, (Unguentine) which has recently become so popular among us." J. H. H.⁷

CASE 202. "I used Unguentine with excellent results in the most violent case of rhus poisoning I ever saw. I dressed the poisoned skin with Unguentine on small strips of lint. This treatment worked like a charm, reducing inflammation and the skin becoming soft and moist. The dressings promptly soothed the burning and irritation and the recovery was prompt and complete." Dr. S. E. F.⁸

ZEA MAIDIS.

CASE 203. "I used Unguentine exclusively in the case of a man with immensely swollen hand and slight suppurations, who was poisoned while cutting corn by the fungus of zea maidis. It relieved the pain at once and healed the wound in about two weeks time. The antiseptic properties were all that could be desired, being sufficient to reduce the inflammation and remarkable both for its soothing and cooling properties. I have also used it as a dressing for burns and find in all such cases it is par-excellent." Dr. E. H. S.⁹

1 O. Henley Snyder, A. M., M. D., Ph. D.

2 J. R. Clausen, A. M., M. D.

3 Medical Council.

4 J. B. Bates, Verdigrée, Neb.

5 Dr. J. A. Renfro, Brownwood, Texas.

6 Dr. M. Herschel Wheeler, Butler, Ky.

7 J. H. Hunt, M. D., Member of Kings Co. Med. Society, N. Y. State Med. Society, Academy of Medicine, Pathological Society, etc.

8 Dr. S. E. Foulds, New Egypt, N. J.

9 Dr. E. H. Spooner, St. Louis, Mo.

PROLAPSUS ANI.

CASE 201. "I have used Unguentine on a case of prolapsus ani and cannot speak too highly in its praise. I first applied cold or ice water to the parts, afterwards anointing them freely with Unguentine which seemed to give relief at once. After continual treatment only cold water was used as I found Unguentine possessed a remarkable power for reducing inflammation, doing away with the application of ice. I think it is the best ointment on earth.

Dr. J. H. H.¹

PRURITIS ANI.

CASE 205. "Unguentine has produced a permanent cure in a case of pruritis ani that had resisted everything in the materia medica. I have found it good in treating old sores, burns, cuts, and bruises, and in fact all you claim for it."

Dr. J. C. W.²

CASE 206. "I want to ask you to lay special stress upon the value of Unguentine in pruritis ani. I personally have been tortured with this complaint for seven or eight years, and never have found anything to act only as a palliative until I used your preparation which has absolutely cured me and now my faith in it is such that I prescribe it for everything in which there is inflammation or where it is indicated."

A. J. B. F.³

CASE 207. "In several cases of pruritis ani I have used Unguentine with decidedly beneficial results. In allaying that intense itching it has proven especially useful."

Dr. R. B. G.⁴

CASE 208. "I have prescribed Unguentine in two cases of pruritis ani with fine results. It is, I think, the best all round dressing we have. My operating case is not so heavy since I began using Unguentine as it is all the dressing a country physician needs."

Dr. W. A. D.⁵

CASE 209. "I have tried Unguentine in several cases of pruritis ani in which it quickly stopped the terrible itching, and have used it in a case of chafing which was relieved with one application."

Dr. E. W. T.⁶

CASE 210. "I tried Unguentine on a gentleman who had a severe case of pruritis ani of 10 years' standing. The first application stopped the itching and three applications completely cured it. It is the most remarkable preparation in such cases I have ever used."

T. T. E.⁷

CASE 211. "In several cases of pruritis ani, Unguentine has given the most satisfactory results. It soothes the intolerable itching almost immediately and in most cases effects a permanent cure. I shall certainly give it further trial in other complaints."

Dr. DeF. H.⁸

1 Dr. J. H. Holman, 109 Maple St., Nashville, Tenn.

2 Dr. J. C. Wade, Heaters, W. Va.

3 A. J. Baker Flint, M. D., 102 Huntington Ave., Back Bay, Boston.

4 Dr. R. B. Gilbert, Louisville, Ky.

5 Dr. W. A. Darling, Hewitt, Ind. Ter.

6 Dr. E. W. Thomas, Boonesville, Ark.

7 T. T. Erwin, M. D., Stone City, Texas.

8 Dr. DeForest Hunt, 72 Porter Block, Grand Rapids, Mich.

PRURITIS VULVAE.

CASE 212. "The result of the use of Unguentine in gynaecological practice has been all that could be desired. We find it free from any objectionable qualities and could suggest nothing in the line of improvement. It has afforded prompt and decided relief in a number of cases of pruritis vulvae. I can state that it is one of the most servicable and satisfactory remedies for external application that I have ever tried. I am using it daily." H. M. P.¹

CASE 213. "Your Unguentine acted magically in two cases of pruritis vulvae. I have never yet had a remedy give such prompt relief." J. M. J.²

CASE. 214. "I have used Unguentine in the treatment of pruritis vulvae, with almost instantaneous relief." S. A. S.³

CASE 215. "I have used Unguentine quite extensively and with splendid success. I have found it excellent in pruritis vulvae, during pregnancy, also for vulvitis and pruritis ani. I also obtained good results from its use in mastitis and in intertrigo in infants." L. V. Y.⁴

PSORIASIS; Its Treatment.

See also Skin Diseases, page 90.

"The local treatment of this disease is of by far the greatest importance. The first step in the treatment of psoriasis is to remove the scales; for this purpose any indifferent fat or oil will answer. The patient is then given a hot bath and the patches rubbed with a stiff brush and plenty of soap; the various medicaments are then applied to the bleeding surfaces. Among the many remedies said to be good in this disease an ointment of pyrogallic acid is one of the most effective remedies we have at our command. Its strength should never exceed 10 per cent. The urine of patients treated with pyrogallic acid should be watched daily, and when it becomes dark in color the remedy should be withdrawn. In some patients the use of a tar preparation acts very nicely, though it often produces a febrile condition, the skin becoming irritated and looking as though a dermatitis would supervene. The best method of using tar is to make a fifteen per cent. solution in collodion. The odor of tar is greatly reduced in the collodion.

1 Horace M. Paine, M. D., Sec. Collins Farm State Homeopathic Hospital for Insane, Collins, N. Y.

2 Dr. J. M. Jackson, Guntersville, Ala.

3 Dr. S. Alex. Smith, New York City.

4 Mrs. Lillian V. Young, Midwife, 4507½ N. 20th St., St. Louis, Mo.

"The few remedies I have recommended often act efficaciously, but to remove the scales, and very frequently to prevent their recurrence, there is nothing, as a local application, which succeeds so well as a consecutive, efficient and constant application of Unguentine. The remedy must be rubbed in until the patient can submit no longer, and if the patches are local and large a piece of lint should be saturated and tied on for several consecutive hours, even days if necessary. In universal psoriasis only a limited surface should be treated at one time, the other parts being covered with an indifferent ointment. The treatment must be persevered with until the whole of the morbid material is cast off. When the patient has carried out this treatment for three or four weeks, the result will very likely be satisfactory."

J. C. M.¹

CASE 216. "Male aged 45, marked case of psoriasis of the face of one years standing. Had been much aggravated by the use of coffee grounds. The surface under the scales was exceedingly tender, having been rendered so by such an irritant dressing. Unguentine used twice daily for three weeks entirely cured the case.

CASE 217. Female aged 38, well marked case of dry psoriasis of the right leg, or it might have been called a scaley tetter not unlike the wash woman's itch, exceedingly tender to the touch. Patient had been to out door dispensary, but failed to find relief from remedy furnished her at that place. Unguentine was applied liberally and gave relief from first dressing and in two weeks time patient was entirely cured."

A. S.²

CASE 218. "In the late stages of psoriasis Unguentine does excellent service."

W. C. A.³

CASE 219. "Mary B., aged eleven years, had psoriasis for a year in the most aggravated form, covering the back, face and arms. Had been under the care of several physicians with no apparent benefit. Everything had been tried as generally prescribed in such cases. I was asked to prescribe for the case and having had favorable results from Unguentine, I gave it a trial in this case, with fowler's solution internally. From the first application the case improved and in two months was entirely cured."

C. H. B. G.⁴

1 J. C. Montgomery, M. D., Charlotte, N. C., in *Charlotte Med. Journal*. (See also *Dermatology*.)

2 A. Schirman, M. D., 117 Madison St., New York.

3 W. C. Abbott, M. D., in "Brief Therapeutics" 2d edition.

4 C. H. B. Guile, M. D., in *Medical Brief*.

RHEUMATISM.

ARTHRITIC.

CASE 220. "I tried Unguentine in a case of enlarged and painful joints of the hand (arthritic rheumatism) and obtained unlooked for results. The swelling was reduced and the pain abated, thereby affording a chance for constitutional remedies to have effect."¹

RINGWORM.

See also Eczema, page 52.

CASE 221. "Ringworm responds very nicely and quickly to the use of Unguentine."² N. A. M. H.

CASE 222. "In several cases of ringworm in which Unguentine only was used, it relieved the itching at once and cured the case in a very short time."³ Dr. T. H. R.

CASE 223. "I take pleasure in reporting to you a case of ringworm of over three months duration in which the usual remedies had been applied without any effect and in which Unguentine was applied with gratifying results, rendering a permanent cure."⁴ Dr. W. B. R.

CASE 224. "I have used Unguentine with very excellent results in ring worm, eczema of the scrotum, hæmorrhoids, hyperdrosis of the feet, also in burns, cuts, bruises, etc., and to-day have prescribed in a case of superficial felon and a varicose ulcer of the ankle. In all cases where I have used it the results have been excellent."⁵ M. S. 5

SCABIOSUM.

CASE 225. "I am very well pleased with the favorable results obtained from Unguentine. I used it on one of my patients who had been suffering for sometime with ulcers scabiosum and the results greatly surprised me. I am so well satisfied with it that I have placed it among my most valued and favored unguents."⁶ D. W. 6

SCALDS.

See also Burns, pages 16-36.

CASE 226. "I have used Unguentine in a case of a house maid who was badly scalded by boiling water. The injury was confined to the right hand and forearm and quite severe. The results of Unguentine were such that I shall not hesitate to prescribe it for such a use and cheerfully endorse it for such a purpose."⁷ G. E. 7

CASE 227. "Child sixteen months old scalded herself by pulling a pot of hot coffee from the table, which scalded her shoulders and part of the breast badly. I at once applied Unguentine with good results. The application seemed to relieve the pain at once."⁸ Dr. A. B. B. 8

CASE 228. "Unguentine was used in a very bad case of scalding and found to be very efficacious. It soothed the painful surface and promoted rapid healing. In such cases it is an ideal dressing, quickly allaying pain, thoroughly protecting the wounded surface from the atmosphere and healing rapidly."⁹ H. E. 9

1 Name withheld by request.

2 *New Albany Medical Herald.*

3 Dr. T. H. Rucker, Arlington, Ind.

4 Dr. W. B. Rines, Lanier, Ga.

5 Dr. Max Sturn, Montgomery, Ala.

6 David Wagner, M. D., Springfield, Mass.

7 Geo. Everson, M. D., Brooklyn, N. Y.

8 Dr. A. B. Barbel, St. Louis, Mo.

9 H. Elliot, M. D., Physician in charge Dr. Combes Sanitarium, Wood Haven, L. I.

SCALDS.

NO SCAR.

CASE 229. "For scalds and burns Unguentine is grand, the first application relieving all pain. I have used more than 20 pounds within a year, and shall continue to use it all along as I practice medicine." L. G. W.¹

CASE 230. "Mrs. Nancy S., aged 39, very badly scalded, involving the whole right forearm. Unguentine only was applied which healed the wound quicker and better than anything I have ever seen. It relieved the intense pain at once, and the amount of inflammation was very small." C. H. R.²

EYES INVOLVED.

CASE 231. "In a case of severe scalding of the face in which the eyes were involved, an application of Unguentine rapidly soothed the affected parts and subsequently produced healing without leaving any trace of a scar. I find it efficacious in all cases in which I have used it." (See also Ophthalmics, page 77.) W. H. M.³

CASE 232. "I used Unguentine in the case of a child who pulled a pot of boiling coffee off the table scalding himself on the breast and arm. When called I found him screaming with pain. I applied a good thick dressing of Unguentine, and in fifteen minutes the child was perfectly easy. This I continued for one week and the little fellow was well *without a scar*." C. C. G.⁴

CASE 233. "A little girl was scalded, about a month ago, over one third of the entire person, ranging in severity from the first to the third degree. Both parents and myself thought the child could not recover. Nothing but Unguentine was used, under which treatment rapid progress was made, and after the first application Unguentine soothed the pain and it rapidly healed and a full recovery was the result. Your preparation is the finest I have ever used." W. A. L.⁵

EXPLOSION OF ENGINE.

CASE 234. "I have given it a thorough trial in a case of extensive burn under my care lately, caused by the explosion of a railroad locomotive by which the engineer was scalded. He came under my care on the third day after the accident, having been cared for the first three days where the accident happened. He presented an appearance such as is rarely seen and was racked with pain. I used Unguentine freely and morphia only for the first few hours. The pain ceased and the man was quiet and could sleep, and the parts took on a semblance of healing at once. In just twelve days from the time Unguentine was applied he was perfectly well. I have also used Unguentine in minor surgery with satisfactory results." S. S. B.⁶

1 L. G. Walker, M. D., Pound, Wis.
2 Dr. C. H. Reniff, Castorland, N. Y.
3 Dr. Wm. H. May, 126 W. 34th St., New York.
4 Dr. C. C. Garrett, Calvert, Texas.
5 W. A. Lomison, M. D., Mt. Carmel, Pa.
6 S. S. Bachman, M. D., Easton, Pa.

SCARS.

OLD THEORY OVERTHROWN.

CASE 235. "On the 11th of last October I was called to Falough Lodge, George Gould's mountain home, to attend a maid of Mrs. Gould, who had been thrown from a wagon. The woman was pitched over the dashboard, down a steep descent, striking her face on the gravelled roadway and, after being dragged several rods, was picked up insensible. I found the right side of her face, from chin to forehead, skinned, the gravel having been ground into her flesh. In the hurry of the call my medicines had been forgotten and I found my armamentarium to consist of a pocket case of instruments and a small jar of Unguentine. I washed the parts, picked out the gravel, trimmed off the shredded flesh and applied Unguentine freely, expecting, of course, at my next visit to give it a more thoroughly antiseptic treatment. At my next call the improvement was so marked that I determined to continue with Unguentine and that only. My patient was extremely anxious that her face shouldn't scar. I told her that her injuries were of such a nature that it would be doubtful if any remedial agent would prevent scarring. In ten days, however, her face was healed and without any scar or blemish, the skin soft and smooth and showing no signs of the rasping and grinding it had received ten days before. The action of the Unguenting was wonderful. I have tested it repeatedly since then and have no hesitancy in saying that as a healing unguent it has no equal. It does all that is claimed for it and is indispensable to the surgeon." G. T. B.¹

CELLULAR GROWTH THEORY OVERTHROWN.

CASE 236. "Eight weeks ago a young girl was frightfully burned while playing with matches. The burn extended from the ninth rib to the axilla, and from the axilla to the elbow. Unguentine was used as a dressing and a speedy cure without scar was the result. This case overthrows our theory of cellular growth as these unusual results obtained by Unguentine are contrary to our teaching that no integument can be destroyed by any means and re-formed without a scar tissue." J. R. B.²

CASE 237. "In the case of a man suffering from extremely bad lacerations, accompanied by great pain and swelling, caused by coming into forcible contact with a barbed wire fence, I applied Unguentine freely which relieved the pain at once and healed the lacerations without a scar."

C. W. L.³

1 Dr. Gus. T. Brown, Margaretville. N. Y.

2 J. R. Baer, M. D., Chief Surgeon Phila. Eye, Ear, Nose and Throat Dispensary, Philadelphia, Pa.

3 Dr. Chas. W. Lyman, New Castle, Colo. (See Burns and Scalds.)

SKIN DISEASES.

See Burns, pages 16-36; Eczema, 49-57; Psoriasis, 84 and Scalds, 87.

In a general way it may be stated that ointments are mostly indicated in the treatment of skin diseases. This is the field of application *par excellence*. The indications are various. It may be to relieve tension, to dissolve incrustations, to abort secretions, or to exert a direct healing influence. Such preparations are selected at times to meet one, several, or all of these indications. The nature of every case dictates the amount and frequency of its application.

The preparation of an ointment is laborious and not the most delightful task if prepared properly, and in most cases when wanted, is seldom on hand. There is nothing so useful and with such a wide range of application both for the physician's office and buggy case or saddle bag, as a good thoroughly antiseptic, astringent, ointment or surgical dressing, as he will find uses for it many times daily. Our attention has been called to such a one. We refer to Unguentine, manufactured by The Norwich Pharmacal Company, of Norwich, N. Y., which they claim to be a modernization or Americanization of the old alum ointment of Sir Astley Cooper. Its formula calls for alum, carbolic acid and ichthyol, with a petrolatum base. This we find an excellent formula for general use.

The use of petrolatum as the base of a surgical dressing or ointment, is above all reasonable criticism. It is of itself, antiseptic and will not deteriorate. It is usually of such consistency as to give sufficient body for this purpose. In fact it makes a safe basis. The healing and astringent properties of alum are too well known for us to comment upon. We will only say, while used in much larger quantities than is recommended in the U. S. Pharmacopœia, it is non irritating and soothing in this amount. Lord Lister's sheet anchor, carbolic acid, is a time tried antiseptic, while ichthyol is a substance well adapted as a constituent, so that we have in the formula of Unguentine, an ideal surgical dressing and ointment.

Our experience with it has been mostly in the treatment of burns and other cutaneous affections, with good results. In the treatment of burns it is splendid, and in chronic eczema it has also done good service."

SCALD.

CASE 238. "J. C., a boy ten years old, scalded the calf of his right leg. The parts were red, swollen and painful, with large blebs. The wound was washed with sterilized warm water, and treated with Unguentine by spreading same on sterilized linen and bandaging once a day. The first application relieved the pain and the case healed rapidly."

BURN.

CASE 239. "Miss B. B., aged 19 years, in assisting her mother in washing, burned her wrist. The parts were extremely painful and much swollen, the patient very restless and nervous. The burned limb was bathed in warm sterilized water and the affected parts dressed with Unguentine. The pain ceased with the first application, and the patient made a good recovery."

ECZEMA.

CASE 240. "Mr. J. S., aged 42 years, has long suffered from a chronic form of eczema on the back of neck. I ordered Unguentine used once daily by thorough inunction, and by its faithful use, the eruptions with incrustations disappeared in a short space of time, completely curing the same."

ECZEMATOUS CONDITION OF PREPUCE.

CASE 241. "David F., aged 22 years, was afflicted with an eczematous condition of the prepuce and glands penis. Unguentine was applied twice daily with cotton interlayered and with this treatment achieved a prompt recovery."

R. P.¹

CASE 242. "I find it all you claim it to be and in not a single instance has it disappointed me. It is just what every practicing physician requires for the treatment of the various skin diseases he is called upon to treat. In almost a half century of practice I have not found anything that is its equal."

J. F. P.²

CASE 243. "We have found it particularly useful in eczematous and other irritating troubles in the skin. Its actions are soothing and still stimulative and alterative. It is thoroughly antiseptic and in a large number of cases heals rapidly. This we attribute to the remarkable absorption properties of Unguentine. We find it a most excellent dressing for excoriations, burns, etc."

E. & M.³

CASE 244. "I consider Unguentine to be the best ointment I have ever used, especially in cases of acute and chronic eczema, erysipelas and in fact all diseases of the skin, for I have used it in all skin eruptions and can consistently recommend it to my brother physicians."

C. W. K.⁴

1 Robt. Peter, M. D., Toledo, O., in Toledo M. & S. Reporter.

2 Dr. J. F. Petherbridge, Dunkirk, Md.

3 Drs. Eddy & Mudge, Olean, N. Y.

4 C. W. Krise, M. D., Carlisle, Penna.

CASE 245. "One of our earliest experiences with Unguentine was in the case of a member of our own family, an old lady of 78, who had been operated upon for strangulated hernia. The wound was dressed with Unguentine—and it was most edifying to see how beautifully clean and pure it kept, and how rapidly it healed. We have now used Unguentine in a very large number of cases and we must confess to a feeling of surprise at the wide range of its therapeutic applicability. In many cases of wounds threatening blood-poisoning we have used it with the happiest results. In various skin eruptions, in hemorrhoids, in ulcers, in a word wherever a local application is indicated we have had most gratifying results from the use of Unguentine." D. L.¹

CASE 246. "I used Unguentine with great success in the following: psoriasis, salt rheum, lepra, acne, comedones, and find it an invaluable remedy in their treatment." I. G. A. D.²

CASE 247. "I think I have used Unguentine for everything that flesh is heir to. It has proven to be a valuable remedy for local application in syphilitic bubo and eczema, being soothing, and the valuable antiseptic and astringent properties render it a most excellent dressing for use in all such cases. The results from its use have been all one could ask." E. J. D.³

CASE 248. "I have used Unguentine with satisfactory results in a large number of cases of eczema, comedones, psoriasis, and lepra vulgaris, and find it especially adapted in all such cases. I am well satisfied with its use in general practice in all cases where it is indicated, such as fresh burns, cuts, bruises, boils, felons and sore nipples." L. G. D.⁴

CASE 249. "In diseases of the skin, which is my specialty, I have found Unguentine par-excellent. In obstinate cases of acne, comedones, eczema in its different manifestations, and in fact in all cases in which I have tried it in which the skin was dry and scaly, I found it a suitable dressing, soothing and healing to a pleasing degree and thoroughly antiseptic." E. S.⁵

1 Editorial in the *Daily Lancet*.

2 Dr. I. G. A. Davies, 34 E. Washington St., Hornellsville N. Y.

3 Dr. E. J. Drunis, Phy. to Door of Hope Home for Fallen Women, Kansas City, Missouri.

4 Linga Galvani Doane, M. D., formerly Phy. to Dept. of Pub. Charity and Correction, New York.

5 Dr. Edw. Schaefer, 118 Main St., Kansas City, Mo.

CASE 250. "I find Unguentine fills the bill for all you claim for it. I find it of great use in chronic forms of diseases where there is a loss or impaired life of the tissues as well as in acute cases. I think it antiseptic as well as stimulating to the diseased surface. I use it mostly in chronic cases, i. e. ulcers and skin diseases." F. F.¹

CUTANEOUS AND SYPHILITIC ANAEMIAS.

* * * * An ointment which I have used with uniformly successful results is prepared by the Norwich Pharmacal Co., known as Unguentine, composed of alum, carbolic acid and itchyol in the exact proportions to secure the best results. It has answered my purposes so fully in every instance that I have had no occasion to resort to other means. After the local inflammation has been relieved by sedative lotions and warm fomentations I apply this ointment in the manner above indicated, thickly spread on lint and firmly compressed by a properly adjusted bandage, to be renewed as often as is necessary to replace the material which is absorbed. By pursuing the course above outlined the average duration of treatment has not exceeded six weeks. Until recently I have used diachylon ointment in various combinations with oxide of zinc and white precipitate ointment as a local application in the treatment of syphilis, but the results I have obtained from the use of Unguentine have been so much more satisfactory in terminating stubborn forms of the disease that I now never resort to other remedies." S. C. M.²

SMALL POX.

CASE 251. "During the epidemic of small pox in the winters of 1895 and '96 I treated eight cases in which Unguentine was used to prevent the pitting of the hands and face with entirely successful results." B. F. N.³

¹ Dr. Frank Findlay, Macedon, N. Y.

² S. C. Martin, M. D., Prof. of Diseases of the skin, Barnes Medical College, St. Louis, in *American Journal of Dermatology*.

³ Dr. B. F. Neal, Ellenville, N. Y.

SORES.

MALIGNANT.

CASE 252. "I have used Unguentine on a navel sore that was running malignant for sometime. Nothing seemed to do it any good until I tried your preparation. At the end of four weeks this sore was entirely healed. I think it is a very valuable and healing remedy." W. P.¹

OLD.

CASE 253. "I have used Unguentine in several cases of old sores, curing them up quickly." J. A. T.²

OLD AND LARGE.

CASE 254. "On Sept. 6th, '98, Mr. K., retired farmer, age 76 years, came to my office complaining of a sore leg, the origin of which he attributed to a slight injury. He had been using some sort of ointment, (a kind I had never heard of before), but the pain increased and ulcer became larger. He abandoned the ointment and applied fresh leaves to quiet pain. I took off the dressing and found an indolent ulcer of the right leg, badly infected and covered with pus. Size of ulcer, five square inches. After cleansing the wound thoroughly with 1-3000 bichloride solution I dusted it with boracic acid and applied a dressing. Sept. 11th I applied Unguentine. The pus immediately subsided and healthy granulations started from all around and kept forming until Oct. 4th, when I discharged the patient as cured." A. F. S.³

OLD.

CASE 255. "Some ten years ago a troublesome sore came on my neck as a result of injury to mole. Although able to temporarily heal this up by more or less prolonged applications of mild caustics, it never failed to recur annually in hot weather. The daily application of Unguentine entirely cured it, there being no recurrence."

CASE 256. "A year ago I struck the back of my hand with a hatchet and from repeated injuries it became quite troublesome. I applied zinc chloride paste several days and finally removed a fibrous warty growth which upon healing left a scar larger than a dime. This spring a boil or carbuncle came upon the site of the old sore rendering my hand almost useless. I applied Unguentine and effected a complete cure." J. H. C.⁴

1 Dr. Wm. Proesch, Fair Haven, Minn.

2 Dr. J. A. Tyler, Ophir, Oregon.

3 A. F. Schmeling, M. D., Columbus, Wis.

4 James H. Crain, M. D., Beechwood, Ill. (See Ulcers.)

SYPHILITIC--19 CASES.

CASES 257-276. "I have used Unguentine in a large number of cases as follows: 2 cases of septic poison, 2 of burns, 1 amputation of the finger as dressing, 3 cases of sore and cracked nipples, 1 injury of knee joint with proud flesh (this sore being six weeks old and could seemingly not be cured in any other way. It had the characteristic putrifaction odor). 4 cases of syphilitic sores, 1 case of sore behind the ear, 2 cases of chancroid, 1 case of ulcerated navel, 1 case of extensive eczema over chest, back and neck, 1 case most obstinate fissure between the toes, which nothing seemed to do any good until Unguentine was applied. In some of these cases I combined it with such other remedies as seemed to be called for and of course in a number of them such internal remedies as were indicated." A. A.¹

SPRAINS.

CASE 277. "I treated two cases of severe sprain in one family, using Unguentine with good success. The husband with a sprained ankle and the wife with a sprained wrist. I used Unguentine with belladonna ointment, one-half ounce to Unguentine two ounces, applying it freely which relieved the pain and allayed the inflammation in both cases in a very short time." J. E. B.²

STY.

See also Ophthalmics, page 78.

CASE 278. "I was suffering from a severe sty and after using a number of abortive remedies without relief I applied Unguentine. The first application seemed to give relief and within twelve hours the inflammation and swelling had almost entirely disappeared. I regard it as an invaluable preparation. C. L. A.³

SUPPURATIONS.

CASE 279. "Woman, aged 45, thrown from wagon in case of runaway horse, severely bruised over left eye with contusion of the knee joint. Wounds were washed antiseptically and dressed with Unguentine. Result fine. No suppuration."

CASE 280. "Boy, 10 years old, digging in a yard with a spade, accidentally striking second toe and splitting it in two the entire length. In this condition he was brought ten miles to my office for treatment. Wound thoroughly washed with carbolic solution and bichloride. Four stitches taken to unite the fragments and then dressed with Unguentine. Result, one week later the wound had healed by first intention and there was no suppuration and very little inflammation. Unguentine is all right. I would not be without it." C. L. H.⁴

1 Dr. Alfred Ahlman, 1043 59th St., Chicago, Ill.

2 Dr. J. E. Brooking, Hallowell, Me.

3 Dr. C. L. Ainsworth, 34 Talbot Blk., Indianapolis, Ind.

Dr. Carrie L. Heald, Osceola, Nebr.

SURGERY.

See also Minor Surgery, page 72.

“It is almost needless to state that an ointment must in its own corporate body be strictly antiseptic, and with this end in view it should be composed of a petrolatum base, since everyone is only too well aware of the early tendency of fatty vehicles to become rancid, and therefore within themselves septic, in which event their action, when not positively dangerous, is plainly nugatory. Asepticism in an ointment is not less demanded than in a liquid portion for purposes of ablution or ingestion.

“There has been great disappointment in obtaining this stable condition in the zinc, mercury and other preparations, heretofore proposed, short of a strength violently irritating to the structure, and the profession, weary of witnessing the absence of antiseptic properties in zinc and other ointments, are almost unanimously abandoning their use. To meet the requirements heretofore enumerated an ointment should contain a reliable antiseptic, a moderate styptic and astringent—say one part of Lord Lister’s sheet anchor, carbolic acid, to 50; one part of ichthyol to 20; one part of alum to six of the base—(petrolatum).

“The Norwich Pharmacal Company’s formula of Unguentine contains carbolic acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per cent. ‘By a process of their own they eliminate most of the astringent properties of alum, thus rendering it non-irritating in this large amount. The base of Unguentine is pure petrolatum.’ There is probably no known drug of greater utility in the treatment of putrescent open sores than alum. This has been the common intelligence of well-informed physicians for ages. What heretofore restricted its wide range of usefulness—its irritative properties—has now been removed by the chemists, and we have in the preparation—Unguentine—the best surgical dressing ever yet offered the profession.

“Once interested in the matter we have followed it up first, by careful inquiry, and later by experiments in our own private practice. The results in each case lead us to say that Unguentine has the largest field of usefulness of any surgical dressing we know of, and for this reason is destined to be used more extensively by the profession throughout the country than any other similar preparation. Surgeons, obstetricians, gynecologists, dermatologists, rhinologists, otologists and general practitioners will alike find it valuable, after once becoming acquainted with its virtues.

“For quick results we have found nothing to equal it in the treatment of burns, scalds, abrasions, excoriated surfaces, suppurative tumors, ulcers, bed sores, inflammatory cutaneous diseases, piles and as a dressing after operation and in minor surgery.

“Did space permit we could cite cases under our own observation in which it has demonstrated its curative qualities in each of the ailments above referred to. One of its most recent successes we will alone refer to. A prominent divine of this city, pastor of one of its leading churches, had for years suffered with an aggravated form of piles. Almost every remedy at the command of the general practitioner had been brought into service to allay the trouble, but temporary relief at times was the only result. Three applications of Unguentine were sufficient to bring relief such as he had never before experienced, and after two weeks’ use of the curative all indications of inflammation entirely disappeared. This same rapidity of action has been a noticeable feature in every case where we have deemed its use advisable.

“The late Dr. William Pepper, of this city, has said that ‘medicine and surgery have made more progress in the last 20 years than in the 20 centuries preceding.’ The same thing can be said of surgical dressings, and Unguentine is an evidence of the fact.”

J. R. C.¹

CASE 281. “I had a patient with badly lacerated wound on the back of the right hand, exposing most of the ligaments. This refused to heal with the usual surgical dressings. After each dressing the wound had a very unhealthy appearance. Having seen your Unguentine advertised I bought a small quantity, and after the first application I saw a decided improvement. At once the whole wound healed without any contraction and a very small scar for so large a laceration. It is without doubt the best surgical dressing yet introduced to the medical profession.”

P. H.2

CASE 282. “I find Unguentine to be a thoroughly antiseptic, healing and soothing surgical dressing. I have given it a thorough trial and am much pleased with it.”

D. E.3

CASE 283. “Unguentine has proven very satisfactory to me in dressing a number of different conditions where the soft parts were ulcerated and in an unhealthy condition. I believe it to be an addition to our valuable remedies with which every practitioner should be familiar.”

E. R. L.4

1 Joseph R. Clausen, A. M., M. D., in *Medical Times and Register*.

2 Dr. Philip Hendriques, Providence, R. I.

3 Prof. Duncan Eve, formerly Prof. of Surgery and Dean of Faculty, University of Tenn., now Prof. of Surgery and Clinical Surgery, Medical Dept. Vanderbilt University, Nashville, Tenn.

4 E. R. Lewis, M. D., Treas. Nat'l. Asso. Rwy. Surgeons.

CASE 284. "I beg to state that I have given Unguentine a thorough trial in several cases and the results have been so satisfactory and beyond my expectations that I feel safe in saying that Unguentine is one of the most reliable and safe antiseptic dressings in modern surgery. I have used it in fresh wounds with the greatest success healing some without eschar tissue. Have used it in burns, chronic ulcers, catarrh, cervix uteri and in every case the result has been so prompt that I regard it as a very efficient and eligible pharmaceutical preparation and one deserving the attention of surgeons in general." C. B. W.¹

"I find your preparation, Unguentine, to be a most excellent surgical dressing, and so far I have failed to find a case in which it did not give satisfaction. It is an ointment that I cheerfully recommend to the profession." J. M. R.²

"We have employed Unguentine in a number of cases with very satisfactory results." E. W. M.³

"I have been using Unguentine as a surgical dressing, and have given it a fair trial. I am well pleased with it; in fact it has more than met my expectations." D. D. B.⁴

CASE 285. "In a severe case after an operation for removing dead bone from ankle, patient was very restless, unable to sleep, and was losing flesh from pain and restlessness. I applied a dressing of Unguentine and the results were all that could be desired. The soothing effects of this dressing almost immediately relieved the pain and the patient rested well for the first time since the operation. By continued use of the ointment results were all that could be wished, and the case was brought to a perfect termination." H. M.⁵

"I have given Unguentine a thorough trial as a surgical dressing. I use it all the time and have a very high regard for it. It has never failed to give good results in all cases in which it is indicated." G. M. W.⁶

"There is not a surgical dressing, either wet or dry, on the market to-day that can equal Unguentine for general use, and there is no surgical dressing from which can be obtained as good and satisfactory results." 7

1 Dr. Chas. B. Weedman, Nova, Ohio.

2 J. M. Rhodes, M. D., 367 N. New Jersey St., Indianapolis, Ind.

3 E. W. Murray, M. D., Surgeon in Chief, Fort Dodge Medical and Surgical Institute and City Hospital, Fort Dodge, Iowa.

4 Prof. D. D. Bramble, Prof. of Surgery, Cincinnati College of Medicine and Surgery.

5 H. McLaughlin, M. D., Brookton, Me.

6 Dr. G. Maxey Watkins, Williford, Ark.

7 N. Y. Polyclinic.

“Unguentine has given me satisfaction and has merited my approbation. Those cases in which I should want to use it extensively or for a great length of time have hardly presented themselves to me, still so far as I have had experience with it I find it bland and valuable.” R. P.¹

THE BEST SURGICAL DRESSING.

“Investigations made during the past year by our bacteriologists prove that our ideas regarding many things are erroneous, thus the antiseptic agents used in ointment vehicles of a pure fatty nature are of very little use, and in a number of cases, if not dispensed in the most careful manner are injurious. As an example: oxide of zinc ointment is without antiseptic properties. While a fresh ointment is a useful remedial agent, especially in local treatment, a rancid one can do much damage. There is a growing demand for a thoroughly antiseptic ointment, and the medical profession now recognize asepticism in an ointment to be as important as in the case of a solution. Recognizing this, The Norwich Pharmacal Co., in presenting their Unguentine to the profession use a pure petrolatum base to which is added Lord Lister’s sheet anchor, carbolic acid. This with ichthyol is their modification of the Sir Astley Cooper formula, and when Unguentine is applied to a wound or other lesion, it forms at once a thin film which totally excludes the atmosphere and prevents bacterial invasion, making it the best surgical dressing in the world.”²

“Unguentine is splendid as a surgical dressing. I have had a good chance to test its virtues thoroughly, and it works like a charm.” R. H. R.³

“Unguentine fills the bill exactly as a deodorizing antiseptic agent. I am well pleased with its use in all cases in which I have tried it.” E. F. B.⁴

“I have used it as a surgical dressing after operations and found it superior to any agent in the *Materia Medica*.” T. J. E.⁵

“Unguentine is the best surgical dressing of the age.” J. B. S.⁶

“Unguentine represents the triumph of American pharmacy.” W. J. B.⁷

“Unguentine is all that is claimed for it, a thoroughly antiseptic, soothing and healing surgical dressing.” H. S. T.⁸

1 Prof. Roswell Park, M. D., Prof. of Surgery, University of Buffalo; Surgeon Buffalo Gen. Hospital, and Consulting Surgeon to the Fitch Hospital.

2 *Maryland Medical Journal*.

3 R. H. Randall, M. D., Asst. Surgeon at Oregon Soldier’s Home, Roseburg, Or.

4 E. F. Brooks, M. D., Washington Heights, Newburg, N. Y.

5 Dr. T. J. Edwards, 485 Humbolt St., Brooklyn, N. Y.

6 Dr. J. B. Stevens, Editor *Annals of Electric Medicine and Surgery*, Chicago.

7 Dr. W. J. Bell, Jr. Editor of *Medical Herald*, St. Joseph, Mo.

8 H. S. Tucker, M. D., Prof. of Surgery, Bennett Medical College, Chicago.

TUMORS.

20 YEARS STANDING.

CASE 286. "I had a tumor on the back of the left hand. Supposed it at first nothing but a wart, situated directly on a vein. It had been there for possibly twenty years (or at least observable). Recently it began to enlarge until it became quite annoying, so much so, that I could not wear gloves, and when my hand was hanging down there was a very painful throbbing. I did all I could think of and had about concluded to go to St. Louis and consult a specialist or dermatologist. I could not name it for it did not resemble a wart lacking that abrupt and rough cap characteristic of a wart, so I do not know of a more appropriate name than to call it a 'Hematoma.' I began using Unguentine at bed time, (not regularly either) and in a month the tumor had disappeared, leaving the skin as smooth as it ever was."

C. G. C.¹

CYSTIC TUMOR.

CASE 287. "The case at hand was the removal of a cystic tumor just above the right scapula. The operation was performed by one of the most noted surgeons in our section four years ago. The wound never healed to within eight weeks ago when the case came under my case. Thinking that an astringent ointment was the thing I needed I at once applied Unguentine. The fifth day after applying I was gratified to see a marked change for the better. The tenth day the shoulder was entirely healed, and has continued healed to this day."

F. A. B.²

REMOVAL OF SCIRROUS TUMORS.

CASE 288. "Case of operation for a scirrous tumor, (weight 80 drams) malignant, from the cheek of a gentleman of this place. The tumor was situated near the base of the nose and the removal exposed the superior maxillary bone. The after treatment daily for ten days was dusting with proto nuclein powder and dressing with Unguentine. After five days the powder was stopped and Unguentine only used. Under this it healed very rapidly with scarcely perceptible scar."

J. A. R.³

SYPHILITIC (KELOID.)

CASE 289. "I removed a keloidal tumor from the face of a syphilitic patient who had been operated upon twice before, only to suffer the return of hypertrophied cicatrix after six or eight weeks' time, and immediately after removing the scar there followed violent induration around site of wound which did not entirely disappear at any time. This same condition followed after I had removed the scar (using electrolysis to accomplish the same) and after trying the usual dressings used in such conditions for a period of 3 days, the condition grew worse, induration extending, and same unsatisfactory result threatened as had been the case after two former operations. I decided to try Unguentine, its formula being a good recommendation. After having kept it constantly applied for about 72 hours the induration rapidly disappeared. Wound had a healthy appearance, never attained before using Unguentine, and the result was very gratifying indeed."

E. V. H.⁴

1 C. G. Cooper, M. D., Rolla, Mo.

2 Dr. F. A. Barber, Chicago, Ill.

3 Dr. J. A. Renfro, Brownwood, Texas.

4 E. V. Heaton, M. D., Fremont, Ia.

ULCERS.

WITHOUT SCARS.

CASE 290. "A morphine victim and cocaine fiend recently came into the Hyde Park Sanitarium with his arms and shoulders so covered with open ulcers that from the wrist to the neck there was not a particle of skin showing white. The ulcers were excavated, about a quarter of an inch in depth and discharging freely. The arms were cleaned and Unguentine applied liberally. The ulcers healed rapidly, filling up from the bottom with exuberant granulations that soon projected above the surface. The pain was soon relieved, and even when the cocaine was withdrawn the customary hyperesthesia only showed itself in the form of itching. There was surprisingly little scarring considering the hundreds of deep ulcers crowded so closely together. The rapidity with which these healed was noteworthy, not one being open in six weeks from beginning of treatment."

W. F. W.¹

CASE 291. "I find your Unguentine very useful for the treatment of ulcers which I at first dusted with aristol or iodoform then spread Unguentine on paraffine paper, using this as a covering. Later I have discovered that Unguentine alone proved equally successful. I now use it alone."

G. F. G.²

INDOLENT.

CASE 292. "I used Unguentine successfully in the case of an indolent ulcer resulting from a severe burn. The effects were more than satisfactory. I think it is just the thing that every doctor needs."

R. L. M.³

CASE 293. "In the treatment of indolent ulcers Unguentine is all that is claimed for it. A thorough antiseptic dressing which is astringent, soothing and healing, and in all cases the results have been very satisfactory."

J. H. H.⁴

CASE 294. "Mrs. B. called at our office for treatment of a case of sore on the leg. On examination we found same to be an indolent ulcer midway between ankle and knee joint, circular, about 1½ inches in diameter. The tissues had sloughed considerably and were malignant. For three inches around the frame of the ulcer there was a dark blue color. She claimed she had been treated by a number of good physicians for the past year without any result. I used Unguentine only in the treatment and in two weeks the ulcer was entirely healed."

L. & L.⁵

CASE 295. "Old and indolent ulcers, especially those of the lower extremities, are in a large number of cases extremely difficult to heal, yet in several such cases I have used Unguentine with satisfaction."

T. J. B.⁶

1 W. F. Waugh, Chicago, in *Alkaloidal Clinic*.

2 Dr. G. F. Gissler, Brooklyn, N. Y.

3 Dr. R. L. Meers, Aid, Ohio.

4 Dr. J. H. Higgins, Dorchester, Mass.

5 Drs. Lisle & Lisle, Celina, Ohio.

6 Prof. T. J. Bancroft, M. D., Prof. of Surgery, Denver Med. College, Denver, Colo.

"I have been using Unguentine largely in indolent ulcers and have been much pleased with it." J. P.¹

"In regard to Unguentine I would say that I have had excellent success with it in the treatment of indolent ulcers of long standing." A. T. B.²

CASE 296. "I am well pleased with Unguentine and with the benefits resulting from its use. I had occasion to use it in the case of an indolent ulcer with considerable dermatitis surrounding. It quickly relieved the burning, and soon healed the whole ulcer." J. P. C.³

MALIGNANT.

"I used Unguentine in the case of a malignant ulcer on the hand of a young lady. I had been treating her for several months, using anprophia and aristol but without success. The hand improved from the first application of Unguentine, and in a short time was well." J. A. K.⁴

OBSTINATE.

CASE 297. "I used Unguentine in an obstinate ulcer of the leg which is now healed up. This ulcer was a very bad one, having baffled all other treatment until I tried Unguentine. I regard it as a valuable acquisition to a successful physician's armamentarium and shall not be without it in the future." J. H. H.⁵

OLD.

CASE 298. "This case was a lady about 60 years old with an old and indolent ulcer of the leg of 15 years standing which had been previously treated by several physicians. I put her under constitutional treatment and dressed the ulcer twice a day with Unguentine. In two months' time the ulcer was entirely healed and the patient in excellent health. I have used Unguentine in other cases with equal satisfaction." D. J. L.⁶

CASE 299. "An old ulcer of eight years standing in which I used about all the remedies known in the pharmacopœia with no results. I tried Unguentine and must say that I have never before seen anything like it, as it entirely healed up and cured the old ulcer. I think it meets a long felt want in the profession." T. W. W.⁷

"I find Unguentine most useful in chronic ulcers, eczematous affections, excoriations, etc. Its healing powers are all that one could wish for." I. B. Y.⁸

1 Prof. John Parmenter, M. D., Prof. of Surgery, U. of B., Buffalo, N. Y.

2 Dr. A. T. Bowers, Pittsburg, Pa.

3 Dr. J. Preston Carver, Hartford, Ct.

4 Dr. J. A. Koch, Golconda, Ill.

5 Dr. J. H. Hurst, Daylight, Tenn.

6 Dr. D. J. Lyster, Brooklyn, N. Y.

7 Dr. T. W. Williams, Bellsburg, Tenn.

8 Dr. I. B. Yeakel, Bally, Pa.

"Unguentine is the treatment for old and chronic ulcers of the leg."

H. W. B.¹

"I am now using Unguentine on old ulcers in my surgical clinic at St. Mary's General Dispensary, in Hoyt Street, and find that it acts as well, if not better, than any of the ointments we have been accustomed to using in such cases."

R. J. M.²

CASE 300. "I have used Unguentine in three typical cases of ulcer and in each case healthy granulations were set up and complete healing took place in a very short time."

W. S. J.³

CASE 301. "I used Unguentine with very great success in a case of an old foetid ulcer on the tibia. I have treated a large number of such cases before with anything but gratifying success and shall welcome Unguentine as the only thing to be used in all such cases." C. A. J.⁴

SYPHILITIC.

"In syphilitic ulcers I apply Unguentine on sublimated gauze. Such a dressing gives me satisfaction. The antiseptic and healing properties of your Unguentine are all I could wish. I have used it in burns, cracked nipples, contusions and simple ulcers. In the case of burns I apply it on plain gauze, and in contusions and simple ulcers on iodiform gauze."

J. R. G.⁵

VARICOSE.

"Ulcers of the leg, particularly the so-called varicose ulcer, with callous margins and infiltrated base, were materially benefited by the use of Unguentine. Of course in many of these cases little can be expected from external applications until normal circulatory conditions have been established by rest in bed with the limb elevated, bandaging by a properly fitting elastic stocking. In the very chronic cases incision or excision of the thickened and dense margins, curetting of the base, or even skin grafting may be required before healing can be induced. With this proviso, however, Unguentine is an excellent cicitrisant in these cases. After cleansing the ulcer with a mild antiseptic solution, and washing the priphery with soap and water, then drying with absorbent cotton, the ointment was applied on a piece of soft linen or gauze and held in place by a bandage. It had a very soothing effect, and stimulated the formation of granulations in a number of cases in which other applications had proved useless."

I. J. of S.6

1 Dr. H. W. Bacon, Eden Mills, Vt.

2 Dr. Robt. J. Morrison, Brooklyn, N. Y.

3 Dr. W. S. Johnson, St. Louis, Mo.

4 Dr. C. A. Jackson, Kearney, Neb.

5 John R. Gray, M. D., Ph. G., Secy. Dept. of Pharmacy, U. of B., Buffalo, N. Y.

6 International Journal of Surgery.

VARICOSE.

CASE 302. "Patient aged 58, a sufferer from varicose ulcers, carriage builder, always on feet and getting frequent blows on legs. I could not induce him to take to his bed and worked on him for months without any success. Tried every possible method, simple and elastic bandages, curetting, all manner of antiseptics, moist and dry, as ointment, peroxide of hydrogen, protonuclein powder, bovinine, etc. Ulcers would occasionally show a tendency to heal, only to break open again worse than before. Leg became greatly swollen and very painful. The case annoyed me greatly and I was surprised that the patient stuck to me as he did. Finally I tried Unguentine. It relieved the intense pain, and ulcers began to look better. The improvement was marked and rapid. After about six weeks' use the ulcers healed and were covered by good, firm, healthy scars. The patient, who before had lost sleep and weight, regained his former strength and cheerfulness." H. S.¹

NINE VARICOSE.

CASE 303. "Female, 47 years old, with nine varicose ulcers on leg below the knee of over three years' duration, very obstinate to all other treatment but yielded to the application of Unguentine in ten weeks, and to-day the woman is attending to her ordinary duties." C. H. R.²

"I have found Unguentine an excellent application for varicose ulcers, bed sores and for superficial abrasions. Granulations are stimulated, antiseptics is preserved and there is no pain, bleeding or discomfort upon removing the dressing. I believe this preparation to be a useful adjunct to the office outfit." M. M. J.³

VARICOSE TIBIA.

"Unguentine is the best thing I have found for the treatment of varicose tibia ulcer. The results from its use in such cases have been perfectly satisfactory, healing them quicker than any other known remedy. It is astringent, but soothing, thoroughly antiseptic and in some peculiar manner prevents bacterial invasion." J. A. M.⁴

CASE 304. "Man 40 years old, large varicose ulcer on leg six inches long and two and a half inches wide. Applied Unguentine and in four months' time patient was entirely well. He had been treated by different physicians with seemingly no benefit." R. F.⁵

1 H. Speirr, M. D., Janesville, Wis.

2 Dr. C. H. Reniff, Castorland, N. Y.

3 *Milwaukee Medical Journal*.

4 Dr. J. A. Morris, Lafayette, N. Y.

5 Dr. Robt. Frame, Milford, Del.

CASE 305. "Mrs. C. P., age 52. Mother of eight children. Varicose ulcer $1\frac{1}{2} \times 2$ inches, located on tibia. It was carefully cleaned with castile soap, hydrogen peroxide was applied freely and the entire surface was carefully dried, after which the Unguentine dressing was applied on lint. At the time of her next visit, two days later, there was a marked change in the appearance of the sore. It was perfectly clean, the edges of the lesion had taken on a healthy appearance and new granulations had sprung up. The same dressing was again applied, and was repeated at subsequent visits. At the end of six weeks the ulcer was entirely cured. When this case first came under treatment patient complained of much pain and tenderness in the affected limb; this immediately disappeared under the soothing effects of Unguentine." F. K.¹

TWELVE YEARS STANDING.

CASE 306. "Small varicose ulcer of left leg, twelve years' standing. The topical application of Unguentine was commenced, and was applied twice daily for the first three weeks, then once daily and at the end of ten weeks there was no indication of any ulcer or return of one, and a very small scar." R. F.²

ULCERATIONS.

See Ulcers, pages 101-105.

"I have used Unguentine and found it a pleasant application in ulcerated surfaces. It is soothing, healing and possesses sufficient antiseptic qualities to render it a valuable aid to the surgeon in treating all such cases." O. W. B.³

UTICARIA.

CASE 307. "A case of uticaria in an aged lady. The extreme agony one endures with uticaria has many times baffled my skill, but after having the patient sponged with an antiseptic solution, Unguentine was applied freely which gave relief. This treatment was continued until the case was cured." M. H. W.⁴

VACCINATION.

SORE FROM.

CASE 308. "Unguentine has given me the best possible results in a case of bad sore from vaccination. Its formula recommends it even without a trial. It is certainly a valuable preparation." K. D. B.⁵

1 Ferdinand King, M. D., Ph. G. in *Medical World*.

2 Dr. Robt. Frame, Milford, Del.

3 Prof. O. W. Baines, M. D., Prof. of Surgery, Bennett Med. Col., Chicago

4 Dr. M. Herschel Wheeler, Butler, Ky.

5 Katherine D. Burnett, M. D., Brooklyn, N. Y.

VENEREAL DISEASES.

“The application of remedial agents by means of ointments, for both local and constitutional effects, is among the oldest practices known to civilization. Ointments doubtless ante date the written history of the science of medicine, for we read of the mode and manner of their preparation and application for the relief of disease in the oldest accessible literature. The works of Esculapius, Hippocrates, Galen and other ancient authorities contain frequent references to this form of medication.

“Until within a comparatively recent period, hog’s lard (the fat of *Sus scrofa*) has been the basis of all medicinal ointments. The base, however, has always been objectionable for the reason that ointments thus prepared are greasy, soggy and altogether inelegant. Furthermore, when applied to lesions they encourage the propagation and growth of many forms of dangerous micro-organisms. On this account the ointment of the ancient pharmacist has been almost entirely discarded by up-to-date physicians and surgeons, who have due regard for asepsis. This applies more particularly to the treatment of traumatic lesions, where, ‘cleanliness is next to godliness.’

“Many physicians who have been in the habit of employing ointments in their practice have long felt the need of an ointment suitable for general use, and free from the objections just enumerated. This want has certainly been supplied by the manufacturers of Unguentine, who have succeeded in producing an unobjectionable product in which purified petrolatum is the base. Unguentine occupies a middle ground between ointments and cerates, and partakes of the medicinal action of both. But it is not greasy, like an ointment, nor is it hard like cerate. It is emollient without being greasy; it has ‘body’ without being too hard. No form of bacteria can live in Unguentine. When applied to a wound or other lesion, it forms a thin film [resembling rubber protective] which totally excludes the atmosphere and prevents bacterial invasion. Its power in this respect is greatly enhanced by the carbolic acid and ichthyol which enter its composition. Unguentine also possesses astringent properties which are due to the presence in its formula of alum, from which all irritating elements have been removed. I have had quite an extensive clinical experience with Unguentine and it has proven eminently successful in every respect. A few cases taken at random from the records of my venereal service, at the Hospital Dispensary, will demonstrate my method of using Unguentine, in that special line of work.

CHANCHROID.

CASE 309. "J. H. B., Swede, 22 years of age, waiter at Waldorf Hotel. First visit to clinic December 3, 1895. Had phymosis, with concealed chancroid behind the glands penis and almost encircling the organ. Glands in both groins were swollen and painful. Circumcision was done by the usual method, care being taken to avoid inoculation of the freshly wounded tissues with chancroidal discharge. The chancroidal ulcer was immediately cauterized with nitric acid, the prepucial wound was stitched and a dressing of Unguentine applied over the cauterized surface, as well as the circumcision wound. Patient was instructed to apply Unguentine freely to the enlarged glands twice a day. December 4th the stitches were removed and the Unguentine dressing renewed. There had been no pus, nor was there any during the treatment. On the 15th of December the patient reported himself well.

HARD CHANCRE.

CASE 310. "L. C. J., barber, 26 years of age. First visit to dispensary November 5th. Had a true hard-chancere, situated on the glands penis midway between the meatus and corona. Noticed it first three days before the time of his first visit. There was a decided tenderness in left groin. The chancre was thoroughly cleansed with mercury bi chloride 1-1000, cauterized with nitric acid and finally dressed with Unguentine. Patient was instructed to renew the dressing every other day, without any attempt at washing the sore. This latter direction was to prevent the possibility of his destroying or interfering with any newly forming 'scab.' Furthermore, I knew that Unguentine would keep the part clean. At the end of one week the sore was well. As soon as the lesion disappeared the patient ceased taking the constitutional treatment which had been prescribed for him, hence he returned to the clinic a month later with local evidences of secondary syphilis. His belly was covered with 'copper splotches,' and he had sore throat. He was again put upon 'mixed treatment,' and instructed to apply Unguentine freely over his belly. In a few days the 'copper splotches' had disappeared, his throat got well and we soon lost sight of the patient.

"Results equally as good as those here reported have been secured in all cases where this dressing has been employed. As a tampon I have found it superior to glycerine, ichthyol or any other of the many agents heretofore employed for that purpose. It not only softens up the parts, but it also heals any existing ulceration on the walls of the vagina, thus serving a double purpose. It also

promptly relieves hyperesthesia here and elsewhere. As an application for the relief of psoriasis it has no equal.

"I have had occasion to discuss Unguentine with many physicians in this city, and I find that they all unite in its endorsement."

F. K.¹

VENEREAL DISEASES.

CASE 311. "I have used Unguentine mostly in treating cases of venereal diseases, such as bubos and syphilitic sores. I have also used it as a lubricant for bougies and sounds. In one case, a young man who had been severely burned by nitrate of silver, I succeeded in the abortion of a large syphilitic ulcer by the prompt use of Unguentine.

"In another case I used it as an injection in the urethra by melting Unguentine and obtained almost instant relief. I find it the best remedy in all such cases after fifteen years of practice."

W. H. B.²

VETERINARY PRACTICE.

CASE 312. "I have used Unguentine with excellent results in a case of erythema in a dog. Finding it acted so well in this case I have procured a pound jar which I now keep in my office to use on eczematous conditions of animals that are brought to me for treatment, and in all cases with very good results. I think it is a good veterinary ointment."

R. B. P.³

CASE 313. "I am very highly pleased with results obtained from use of Unguentine and would not be without it. I use it on all raw surfaces such as collar boil on horses, cuts, bruises, sprains and such other things that horses are subject to where an ointment is needed. It is the best thing I have ever used."

P. G. H.⁴

CASE 314. "You can safely recommend Unguentine to fine poultry breeders for sore heads in young chicks. I first applied it by mistake, thinking it sulphur ointment. This mistake saved me a hundred fine chicks, one application being sufficient to cure in twenty-four hours."

J. A. R.⁵

1 Ferdinand King, M. D., Ph. G., in *Medical World*.

2 Dr. H. H. Bentley, Woodstock, Ky.

3 Rudolph B. Plagman, D. V. S., Surgeon Windsor Stable, Brooklyn, N. Y.

4 P. G. Houghton, V. S., New York.

5 Dr. J. A. Renfro, Broomwood, Texas.

WOUNDS.

CASE 315. "On May 5th a gentleman fell from his bicycle and a heavy wagon ran over his foot crushing all the toes very badly. Two of them were mashed almost to a pulp. After cleansing them I applied Unguentine copiously. The first day there was but little swelling and redness, and the same dressing was renewed once or twice daily until the ninth, when the patient was dismissed well enough to be out again. I have never seen so serious a wound healed so promptly and beautifully under any other treatment."

E. S. H.¹

CASE 316. "Unguentine has been given a place on my office medicine shelf and I care for nothing more effectual in all conditions indicating its use, such as contused wounds, ulcers, fresh burns, etc."

P. G.²

CASE 317. "I found Unguentine very satisfactory in the treatment of a gunshot wound in the foot of an Indian named Russell. No other dressing was used and the wound healed rapidly with scarcely a scar."

J. F.³

CASE 318. "In open wounds I find your Unguentine highly satisfactory. I also use it in cuts, bruises, burns, etc., in fact wherever an antiseptic dressing is needed and the results in all cases have fully equalled your claims."

H. B. W.⁴

CASE 319. "I find Unguentine a most excellent preparation, a successful dressing for either fresh wounds or old ulcers, strongly antiseptic with remarkable healing and soothing powers."

J. McF. G.⁵

CASE 320. "Upon such wounds, etc. as I have had occasion to use Unguentine in my practice, I have found it a soothing application and especially valuable in relieving irritation caused by long, continuous wet dressings."

A. E. I.⁶

CASE 321. "I have used Unguentine with entire satisfaction in dressing wounds. I find it marks a true advance in materia medica as it protects the exposed surfaces from the atmosphere in some peculiar way and is free from the stickiness so objectionable in a large number of the old wet dressings, while its absorptive properties are all that could be desired. I find upon removing the old dressings that the lesion presents good healthy granulations, showing thoroughly its antiseptic properties. I have also used it with marked success in chronic ulcers and prescribe it in my private practice."

J. H. B.⁷

1 Dr. E. S. Hale, 1210 Napoleon Ave., New Orleans, La.

2 Patton Griffiths, M. D., Division Surgeon, L. N. A. & C. R. R., Louisville, Ky.

3 Dr. John Flickner, Ganus P. O., Ind. Ter.

4 Dr. H. B. Wright, Skaneateles, N. Y.

5 J. McFadden Gaston, Prof. of Surgery, Southern Med. College, Atlanta, Ga.; Pres. Southern Surgical and Gynaecological Asso.; Chairman and Secretary of Surgery and Anatomy, Am. Med. Asso.

6 A. E. Isaacs, M. D., Instructor in Surgery, University of the City of New York

7 J. Harvey Bates, M. D., Physician to Chicago Clinic.

CASE 322. "The first case in which I used Unguentine was that of a man who was kicked by a horse. I simply applied Unguentine and the wound healed without a scar. I have never seen anything act so nicely and quickly." J. S. S.¹

CASE 323. "A farm laborer whose hands were caught by the needles of a self binder going through the hand between thumb and fore finger, tearing out and leaving a very ragged and ugly wound which when I first saw it was filled with a cud of tobacco. After cleansing it thoroughly, I applied Unguentine liberally and at each dressing afterwards the patient as well as myself was very much surprised at the small amount of inflammation. The wound healed entirely, leaving a very small scar. Unguentine is all right as a surgical dressing." J. W. N.²

CASE 324. "Some four or five weeks ago a young girl 13 years old ran against a scythe and cut a long and deep wound in the leg about half way to the knee. She was so nervous that no stitches could be put in, so it was strapped and done up the best it could be and necessary instructions given. For three weeks she would allow no one to dress it or even take off the old dressing. At the end of that time the neighbors interfered and she was brought to my office, foot and leg badly swollen and wound in a deplorable condition. I cleansed wound thoroughly, bringing edges close together with strips of surgical plaster and applied Unguentine as a dressing. This was continued every other day and in a week's time she could walk and in two weeks' time was fully cured. Never saw such marvellous effects in so short a time." A. A. E.³

CASE 325. "Boy 19, scalp wound two and one-half inches long and cut to the bone. After washing thoroughly and sewing up, Unguentine was applied and in one week's time the wound was entirely healed. I was almost afraid at first to use it in the scalp wound where I knew I should have healing by first intention, but was more than pleased when I saw the result." J. W. N.⁴

CASE 326. "When Unguentine is applied to a wound or other lesion it forms at once a thin film which totally excludes the atmosphere and prevents bacterial invasion, making it the best surgical dressing in the world." ⁵

¹ Dr. John S. Seeley, Fairbault, Minn.

² Dr. J. W. Neptune, Chapman, Kas.

³ Dr. A. A. Elliott, Shongo, N. Y.

⁴ Dr. J. W. Neptune, Chapman, Kas.

⁵ *International Journal of Surgery.*

ADJUNCTS OF UNGUENTINE.



HAEMORRHOIDS

Successfully Treated.



Physicians obtain immediate results with the "Norwich" Haemorrhoid Cones, which are practically an adjunct of Unguentine, made from the same formula except with different base for the specific treatment of Piles. The absorption of the medicament is gradual but complete, not requiring cotton or bandages. Itching is promptly allayed. No pain or inconvenience to patient. Especially satisfactory in cases of ulceration.

The "Norwich" Cones are made in the shape of a short suppository and are specially indicated in the treatment of internal Piles. Easily inserted and positively will not irritate, but will at once relieve the distress occasion-

**IMMEDIATE RELIEF
PERMANENT RESULTS**

ed by the inflamed condition of the rectum. The action is to first reduce the congested blood in the veins. The formula is Alumen (which has all

the irritating properties eliminated by an exclusive process of our own) with Ergotin, Menthol, Ichthyol, Ext. Opium, Ext. Belladonna and Carbolic Acid.

DIRECTIONS: Wash the parts with cold water and insert one cone at night and one in the morning.

The agent is astringent, anaesthetic, antiseptic, antiphlogistic. We are very sure that you will be most highly pleased with the results obtained from these Haemorrhoid Cones. They are not by any means a new treatment, but one that has been thoroughly tested by a very large number of physicians and approved by them.



PUT UP TWELVE IN A BOX.

PRICE, PER BOX, 50C.

PER DOZEN BOXES, \$5.00.

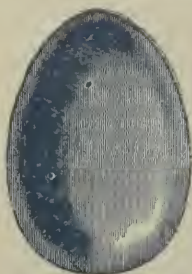
Dispensed by well conducted pharmacies everywhere
or forwarded by mail on receipt of price.

A SMALL SAMPLE FREE for trial in your practice.



MANUFACTURED SOLELY BY

THE NORWICH PHARMACAL CO., NORWICH, NEW YORK.



DISTEND VAGINAL FOLDS.



By reason of their distinctive shape the "Norwich" Soluble Alum Comp. Vaginal Pessaries are retained well in the upper part of the vagina, the folds are distended, the medication comes in direct contact with every part, especially the cervix and broad ligaments, the great desiderata—osmosis, local depletion, pain relief, asepsis, antiseptic action and toning of blood vessels—are accomplished in a highly satisfactory manner in uterine and pelvic diseases. The constituents, absolutely pure Glycerine, Alum (rendered perfectly non-irritating by our own exclusive process), Carbolic Acid and Ichthyol are combined with particular care as to purity and excellence of finish. Clinical results are the only true measure and on this basis the "Norwich" Pessaries are a grand success in uterine and pelvic diseases.

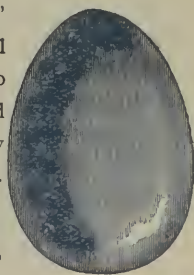
Prolapsus Uteri.

The atrophied uterus and relaxed vagina yield readily to the decided astringent properties of the "Norwich" Pessaries, thereby rendering unnecessary any contemplated shortening of the round ligaments.

AFTER BIRTH or ABORTION the uterus should be thoroughly cleansed and a "Norwich" Pessary introduced. If necessary the uterus may be held in place by a cotton tampon inserted after the introduction of the pessary.



SAMPLE FREE for trial. "Norwich" Pessaries are kept in stock by well conducted pharmacies or will no doubt be stocked regularly if requested by you; otherwise may be obtained by sending amount to the manufacturers.



PRICE, 75C. PER BOX.

\$8.00 PER DOZ. BOXES.

MANUFACTURED SOLELY BY

THE NORWICH PHARMACAL CO., NORWICH, NEW YORK.

The Treatment of Simple and Specific Vaginitis.

By MILTON P. CREEL, Central City, Ky.

Surgeon I. C. Railway, Surgeon L. & N. Railway, Secretary Muhlenberg Co. Board of Health, Referee for Muhlenberg Co. for Ky. State Board of Health, President Muhlenberg Co. Medical Society, Member U. S. Board Pension Examiners, Member American Medical Association, Member Kentucky State Medical Society, Etc.

Vaginitis, either simple or specific, forms one of the most prevalent affections which we have to encounter in the treatment of diseases peculiar to females. Most cases of leucorrhoea, and nearly all cases of ulceration of the cervix and affections of that class are purely cases of vaginitis in some of its stages or degrees of intensity. The treatment of vaginitis, whether it be due to specific cause or not, varies very little as regards the means of treatment. Both specific and simple vaginitis I have found to yield very speedily to correct treatment, and cases that have run along for a considerable period can very often be brought under control in a surprisingly short time.

Vaginitis, either specific or simple, has an acute and a catarrhal stage. The treatment therefore must be considered under these heads to be comprehensive. In most cases we do not see the patient in the acute stage, the patient usually presenting herself only after she has had a discharge for some weeks or even months. In fact the discharge has generally assumed considerable importance when these patients present themselves. In the acute stage the patients have severe pain on urination; they have fever of two or three degrees above the normal; are restless and often there is considerable delirium. In this stage of the affection relief by opium and the application of hot cloths to the external vulva will have to be sought.

Alkaline diuretics have to be given to render the urine negative and unirritating to the inflamed urethra. Means of this character persisted in for three or at farthest four days will generally bring about a decided improvement in our patient's condition, the discharge now beginning and the acute painful symptoms disappearing.

The treatment of the catarrhal stage is of the greatest importance. These patients, when the vaginitis is of a spe-

cific character, infect all who co-habit with them, and those who have only a simple non-specific vaginal catarrh suffer much loss of strength and galling in consequence of the discharge. Again, very often the discharge is offensive and this is another reason why the desire to get substantial relief is often so imperative.

The old remedies—copaiba, buchu, cubebs, and the terbinthinales—generally have been employed in this disease. These agents invariably derange the stomach, and in fact, so interfere with nutrition that they often brought even robust patients to the lowest state of health. The practice of giving agents of this class has now happily been abandoned. In fact internal treatment has now no advocates for the treatment of the disease *per se*. Of course, if there is any associated constitutional disease, or dyscrasia, this must receive proper treatment.

There is no doubt in the mind of any really practical man that this disease is purely local, and application of proper remedies will bring results of the most satisfactory kind.

Injections of nitrate of silver, the sulph. zinc, acet. lead and agents of that nature have long been employed. That these do bring some relief is undeniable, but they are altogether inadequate if we would thoroughly treat the patient. By this I mean that we should lose no time in using the most effective treatment at our command. I now give no injections but rely upon the employment of Soluble Alum Comp. Vaginal Pessaries. These are composed absolutely of pure glycerine and alum, which contains none of the irritating properties, with the generally esteemed antiseptics, carbolic acid and ichthyol. These pessaries by their shape are easily applied high up in the vagina. They have never in any case proved an irritant, but on the other hand they are very soothing and at once begin to exert a soothing effect upon the inflamed vagina. I have treated a number of cases with these pessaries and my results have been most satisfactory indeed.

To better illustrate my results and the treatment, I give below in outline the clinical histories of several cases which I have treated according to the lines laid down here.

Mrs. B. S., age 31, came to my office for relief from vaginitis. She had a constant discharge, which had continued for the last two years. Examinations revealed inflammation of the vagina high up, and the cervix was considerably ulcerated. This woman had grown very weak in consequence of the drain of the discharge, and whenever she caught a cold or exerted herself much she never failed to have a more profuse discharge and pain in the lumbar region.

I put this woman on Soluble Alum Comp. Vaginal Pessaries at once. She was to introduce one at night on going to bed and next morning she syringed herself with warm water. Then she applied another pessary and remained in bed for six hours. After four days the discharge was much less and she only used one pessary a day and that at bed time. In ten days longer she had no discharge and quitted using the pessaries altogether. She has in two months' time increased in flesh and strength and has had no return of her vaginitis.

S. P. W., age 20, a prostitute, consulted me for gonorrhœa. The discharge was quite profuse. I told her I could cure her quickly if she would follow my directions strictly. She was put to bed and a Soluble Alum Comp. Pessary was used every eight hours. After the second day one was used every twelve hours. On this course she had very little discharge after the fifth day, and then she used only one every night at bed time. In ten days from the beginning of treatment she was discharged cured. These pessaries distend the vaginal rugal and in this way break up the sites of many cases of chronic gonorrhœa.

Mrs. S. L. L., age 37, the mother of six children, applied for treatment of leucorrhœa. Examination revealed the presence of cervical inflammation and vaginitis of considerable extent. She was cautioned against overwork and a Soluble Alum Comp. Pessary was used every night. On this treatment in which she followed directions strictly she got entirely well in two weeks. After three weeks she has no untoward symptoms and is getting fleshy.

Mrs. S. O. F., age 41, has been a sufferer with what she called "womb disease" for two years. Examination revealed vaginal inflammation and considerable ulceration

about the cervix. I at once put her on the Soluble Alum Comp. Pessaries as in the former cases, using one on going to bed. This patient took cod liver oil for several weeks to build her up, she having lost considerable flesh and being generally much run down. On this treatment she made a complete recovery in three weeks.

Mrs. S. M. C., 25 years old. This woman applied for treatment for vaginitis with discharge. While she denied the possibility of gonorrhœa, I found the gonococcus under the microscope. I put her on the Soluble Alum Comp. Pessaries, using one every night at bed time and one in the morning. I enjoined the recumbent position for the first five days. After that time she only used one at bed time. I was able to discharge this patient after she had taken the treatment for twelve days.

Mrs. S. O. K., age 44. This lady had been a sufferer for a year and had now begun to suffer in her general health. She had considerable vaginal inflammation and the discharge was quite profuse. I at once began the employment of Soluble Alum Comp. Vaginal Pessaries. She used one every night. Improvement was manifest in a few days and she used one only every other day. On this treatment she made a complete recovery in a period of three weeks and has had no return of her trouble.

LONG ISLAND, KANS., Aug. 21, 1899.
The Norwich Pharmacal Co., Norwich, N. Y.

GENTLEMEN: Enclosed find 75c. for which please send box of Soluble Alum Comp. Vaginal Pessaries by return mail. I received two of them as a sample and gave them to a woman suffering from prolapsus of the womb and she said they did more good than a year's treatment she has had from a physician.

Yours respectfully,
DR. L. T. BROWN.

The *Lancet* (March '97) said, editorially:

"WE ARE USING URETHRAL CRAYONS

'Norwich' constantly in the treatment of Gleet and Gonorrhoea with most satisfactory results and can commend them with the greatest confidence."

THOROUGH DRAINAGE, prompt expulsion of gonococci and relief from pain without risks of stricture or other injury, or annoyance of soiled linen—these are the advantages of using "Norwich" Urethral Crayons; an ideal treatment for Gonorrhoea, Gleet and Suppurating Sinuses; infinitely superior to injections.

Composed of Corrosive Sublimate, Morphia, Alum (rendered absolutely non-irritating by our exclusive process), Sulpho-Carbonate of Zinc, Powdered Golden Seal and Cocoa Butter.

THE APPLICATOR.

At the suggestion of many of our customers we have had a Hard Rubber Applicator manufactured for inserting the crayons, the convenience, cleanliness and economy of which will be readily noted. This, combined with the crayons, makes a superior treatment for gonorrhoea and kindred troubles.

PRICE, 25C. EACH, OR \$2.00 A DOZ.

"Norwich" Urethral Crayons are dispensed at well conducted pharmacies at

50C. PER PACKAGE, \$5.00 PER DOZ. PACKAGES.

FORWARDED ON RECEIPT OF PRICE BY

THE NORWICH PHARMACAL CO.,
SOLE MANUFACTURERS, - NORWICH, N. Y.

A Potent, Unique and Adroit Method in the Treatment of Gonorrhœa, Cervicitis, Endometritis (Gonorrhœal), Vaginitis, Etc.

The titanic problem upon which physicians and surgeons have been toiling incessantly for many and many a year, and which still continues to baffle them is the obtaining of an effective and rapid remedy for the cure of gonorrhœa, vaginitis, cervicitis, etc., and the treatment of hypertrophied prostate. To enumerate the legion methods besought for this purpose would consume much time, for these methods compose nearly all the complement of alteratives, electricity, and have even entered the realms of surgery.

Among the galaxy of diseases there is perhaps, none so obstreperous or that so taxes all the physician's skill and professional knowledge as gonorrhœa, but in its acute stages it yields readily to treatment, which sad to state is too often neglected, and is observed more in the breach than in the observance. Gonorrhœa (derived from the Greek words meaning "semen" and "to flow") is a very painful disease which may result in chronic catarrh called gleet, or may lead to stricture, epididymitis, enlarged prostate and other serious evils, unless handicapped timely by the most skillful practitioner. It is an inflammatory state of the mucous membrane of the urethral canal, and as it is a local disorder it requires local treatment. The complaint is not a constitutional one, but it is not a nugatory disease by any means, as many suppose it to be, and the most rigorous, skillful and constant treatment must be undertaken, and that too for a certain length of time according to the severity of the case, in order that every suspicion and vestige of the gonococci which revel and flourish in the dark, hidden recesses of the delicate organs of both male and female, to which they cling as if loathe to relinquish their support, may be entirely abrogated and ostracized. This polluted, loathsome disease usually makes its appearance in from two to ten days after exposure. There is great inflammation noticed near the end of the penis, and this gradually spreads

downward until it reaches the deep urethra. Slight itching, tickling, burning sensations are the primitive symptoms, and the water passage becomes inflamed, with a discharge of thin, colorless fluid which soon changes to a whitish color, followed by thick, yellow matter streaked with blood, unless it is checked in time. The urine scalds in passing and the stream becomes smaller and forked. This inflammation very frequently extends to the bladder, causing a desire to micturate often, with nightly erections, and all these symptoms are sorely aggravated by non-abstemiousness, nonchalant diet, coition, etc., and in time the prostate gland becomes hypertrophied. Any method of treatment proposed must have for its objects the entire destruction of the gonococcus, its complete elimination from the urethra and the removal of all changes in the mucous membrane due to its previous existence. These gonococci make their way rapidly into the deeper layers of the epithelium, and into the urethral follicles, so whatever is employed must possess high penetrating power, and the remedy selected must be perfectly non-irritating. The advantages of local treatment cannot be emphasized too highly, however, as I previously mentioned. I have employed nearly everything, I believe, in the materia medica in the treatment of gonorrhœa and prostatic troubles, but the remedy which afforded me the greatest benefit and the most renowned success as an anti-gonorrhœal and prostatic medicament, is Urethral Crayons, manufactured by the Norwich Pharmaceutical Company of Norwich, N. Y. I have found them to be of potent value in the treatment of both diseases, and besides their efficacy in this direction they possess many other advantages over the routinary preparations for the annihilation of the gonococci, viz.: not being a liquid they need no bottle, they do not discolor the linen, they are so scientifically and conveniently prepared that they can be carried in the pocket with no inconvenience whatever and therefore they can be employed frequently during the day, especially after each micturition, and being inserted at night upon retiring they perform their duty while the patient sleeps.

The profession has long labored hard, almost in vain, for a specific for gonorrhœa and prostatic diseases, while the quacks or charlatans, as the French style them, have always had a positive cure for it, according to their idea. But neither have met with such success as to place a specific on the market that met every indication in the treatment of these vile complaints until the Norwich Pharmacal Company, by their intelligence, industry and ingenuity sent forth their Urethral Crayons and Vaginal Pessaries. In the last two years I have treated about two hundred cases of acute and chronic gonorrhœa and prostatitis with what I call absolute success, that is if they called upon me they never got any worse after their first visit, and improvement was as rapid as could be expected. I have had no cases terminate in orchitis that did not have it well developed before I was called to treat them, and all cases that have clung to me long enough, whether in the primary stages or in the more advanced ones, yielded at once to treatment. I do not consider that there is any specific for the treatment of gonorrhœa, but I do know that when the right medicament is placed in juxtaposition to the diseased surface for any length of time surprising results can be obtained. Urethral Crayons and Vaginal Pessaries are the *sine qua non* in gonorrhœal and prostatic treatment. They possess the ability and advantage of being non-irritating, having high penetrating power, totally destroying the gonococci, not only in the superficial but also in the deeper layers of the mucous membrane, and they are not decomposed by the secretions. These crayons and pessaries are possessed of the most soothing qualities and are soft in texture, hence they can be placed in the closest contiguity to the diseased surfaces for hours at a time without producing any painful feelings. They are inserted into the urethra and the vagina, and are left there to dissolve, which is accomplished in a short period. They do away completely with astringent washes and injections, thus avoiding many serious complications, for there are very few persons who can use injections in a proper manner, and they thus overbalance the good accomplished. These washes and injections do not remain in contact with the diseased

portions long enough to gain any good, it is too much like water running off a stone to be of much benefit. The gonococci are difficult to combat. When they once make their appearance they are there to stay, and they will unless they are fought by an enemy as strong if not stronger than they. In order to rout them completely it must be decidedly a case of a Roland for an Oliver. Urethral Crayons and Vaginal Pessaries when used systematically destroy these organisms in a very short time without causing any irritation. In cervical gonorrhœa they must be inserted in the uterine cavity. The conditions and environments are hygienic and sanitary. Within one week there ought to be a complete cure effected. To demonstrate the prompt, efficient and permanent issues which I obtained from these Crayons and Pessaries in the treatment of gonorrhœa and prostatic diseases, I append a few cases which I trust will prove a benefit to the profession and refulgent light in a dense darkness.

PROSTATITIS.

I have treated from twenty to twenty-five cases of prostatitis the last three years with these Urethral Crayons, and obtained the most astonishingly happy results. For this disorder there is nothing to compare with them.

ENDOMETRITIS.

CASE 1. A lady, mother of two children, had lost a great quantity of blood during her menstrual periods and had also suffered much pain at these times. She said that it was very painful to copulate, that she was so weak and tired all the time that she was fit for nothing. I examined her and found that she had a bad laceration of the cervix. The neck of the womb was as large as the body, and as red as a beet boiled, and about as glassy. I used Unguentine directly on the parts every day, after washing out the vagina with mild antiseptics. I gave her tonics of course, and treated her generally as is always indicated in such cases. I inserted a urethral crayon into the uterus night and morning, and in two weeks her womb was all right and in a month she was quite strong and gaining rapidly.

SPECIFIC VAGINITIS.

CASE 2. A married lady, aged about 31 years. Her husband had been treated by me also. I douched the va-

gina with an antiseptic solution hot as could be borne, then placed one crayon in the os uteri morning and evening, and a vaginal cone or pessary in the vagina every two days. The good effects were immediate. The disease remained localized in the vagina, and I protected the uterus with the crayons which also had a tendency to medicate the vagina, as it passed out of the uterus. This case was cured in less than seven days from the time I was consulted.

CHRONIC GLEET.

CASE 3. One of the leading business men of this city consulted me for this disease, from which he had suffered for years. He was obliged to be on his feet a great deal, and was extremely anxious for me to do all possible for him. I treated him with the crayons and cured him perfectly in less than two weeks. Six months have now elapsed since I began the treatment and he states that he has had no trouble of any kind whatever.

OPHTHALMIA.

CASE 4. This patient was a child two weeks old. The family was indigent and had let the infant suffer, and when I was called both eyes were in a horrible state. I knew the condition was due to gonorrhoeal origin. I washed out the eyes with an antiseptic solution and penciled both lids with the Norwich Crayons slightly warmed three times a day for a few days until I saw much improvement, then every morning and evening and later every day. I anointed the inside of the lids with warm Unguentine. The cure was rapid and absolutely painless. The child is now as bright eyed a girl as you ever saw. Previous to coming to me the mother went to the dispensary and the oculist told her her baby would be blind, so she decided not to go there again, and as I had confined her she put her confidence in my judgment with the result just mentioned.

GONORRHOEA.

CASE 5. A young man belonging to one of the first families of this city consulted me on the fifth day after cohabitation with the suspected party. Upon examination I found a yellow pus in the urethral track. I cleaned it out with hot water and introduced a crayon, and in less than

four days he had no discharge, but I ordered him to continue the introduction of them for a few days which he did and he reports no further trouble. This was over a month ago. With this class of patients I get most extraordinary results.

GONORRHOEA.

CASE 6. A young man, the son of one of the prominent ministers, whose family I had treated generally, was ashamed to call on me for this loathsome disease but called on Dr. F. who treated him for three weeks when he got so bad I was called by the father. I learned the conditions at once and assured the father that he would be all right, so I dismissed him to shield the young man. I found that he had an advanced bubo and a bad mess of chancroids with some discharge. I applied Unguentine to the bubo, tied and placed a crayon in the urethra, washed the chancroids off well and applied Unguentine to them. The next morning there was great improvement. The bubo showed signs of reduction and the pain was gone. In less than four days he was about well, the chancroids being the most intractable, but in a week I had him cured. He had high fever when I was called which I reduced with a drastic cathartic and a little aconite. He made a perfect recovery and has had no trouble since to my knowledge.

ENDOMETRITIS.

CASE 7. This case was very similar to the first, only it was much more severe. The patient was a married lady with four children. I treated her as I had done the first, with the coalition of the crayons and vaginal pessaries and was rewarded with the happiest results. The vaginal pessaries make the treatment complete, and the results are prompt and permanent. The advantages to be obtained from the Vaginal Pessaries and Urethral Crayons are:

1. Their reasonableness, for they are so cheap that they can be used abundantly by patient and physician.
2. They can be applied with the utmost ease and convenience.
3. They dissolve gradually and perfectly, causing no pain and producing no irritation.

4. They are prompt, accurate and complete in their effect, on account of the scientific method in which they are compounded.

5. They never stain the linen and have no odor. When using the vaginal pessaries the lady should be instructed to wear a napkin as they sometimes lubricate the parts very freely.

I have treated a number of women with gonorrhoea and I have had most pleasing results since I have employed the productions prepared by the Norwich Pharmacal Company, and the method of treatment is so much more rapid and cleanly, being devoid of the filthy cotton, tampons and the constant douching which I previously employed. In all the cases I have had in which the patient was a female there were six of gonorrhœa of cervix and of the corpus, three of gonorrhoea of the cervix, two of gonorrhoea urethra cystitis, two of endometritis gonorrhoea, seven each of vulvitis and of gonorrhoea, one of colpitis, and two of gonorrhoeal vulvitis in little girls. In the treatment of women it is a wise procedure to insert the crayons into the cavity of the uterus, as this focus of infection is often the cause of failures that are so detrimental to both physician and patient. The cocci will propagate in this recess more rapidly than in almost any other place of habitation. The doings of these pernicious cocci in a secluded part like this are far from being appreciated, I believe. I have not found any method that is so valuable as the one produced by the Norwich crayons, and a hot mild antiseptic solution as a douche once a day and two or three times a week when the cocci are under control. By this simple method it is possible to annihilate these ruinous noxious foes without the slightest irritation of the uterus or its adnexa, and instead of producing re active inflammation, it immediately allays it, thereby avoiding the danger of the cocci being transported into the tubes. This method of treating gonorrhoea has rendered it possible to combat systematically the process of this disease and the invading foe as fast as they develop, as these medicinal agents are absolutely non-irritating to the most delicate surfaces, and still are potent in contesting diseases, especially of this class. I find in

treating these diseases that the neglect lies in overlooking those foci of infection which are located often in the envining parts of the uterus of women, and in the prostatic glands and deep urethra of men.

I have employed permanganate of potassium and all the fads galore, with only the usual results, until I used the Norwich Pharmacal Company's Urethral Crayons which I consider the most valuable adjunct to the physician's armamentarium in the treatment of gonorrhoea that I have ever met with. They can be inserted with the utmost impunity, easily and quickly either in the anterior urethra or well back to the prostatic gland, never interfering with locomotion or with micturition, and their introduction can be almost frequent enough to keep the medical constituents constantly in contact with the entire surface of the urethral canal, which is in my judgment the point to a successful termination in the management of this most stubborn and intractable disorder. When I first commenced to practice medicine, I had a patient who came to my office every night for three months without missing but one or two visits, and I tried everything that I saw recommended quite faithfully with little or no avail, until one day I had sent to me a box of the Norwich Crayons. I employed them as directed, and finally permanently cured the fellow. He still employs me as his physician. Had I had these crayons from the start and employed them as I have in all my succeeding cases, he would have recovered as quickly and promptly as they. I have learned that the more intelligent the patient, the more likely he is to follow your directions, and naturally the quicker the disease is arrested. When I get a case of gonorrhoea on the fifth or sixth day, I irrigate the urethra with a mild astringent and antiseptic hot as can be borne, once a day for three to seven days, then insert one of the Norwich Urethral Crayons and prescribe a box of twelve or twenty-four, one to be inserted after each time of micturition. These crayons do not irritate in the least, while others that I have employed I found always produced a high state of inflammation, rendering the patient almost unable to navigate, and in a number of cases when I employed other crayons,

Mitchell's for instance, the penis swelled seriously, and the patient was obliged to go to bed so great was the agony which I have been forced to relieve with a dose of chloral hydrate. The Norwich Crayons do not in the least inflame the parts, and usually after the hot irrigation and the insertion of the crayon at night, they have a most pleasant rest, in fact, in the worst forms of gonorrhoea, when there are no complications they never realize that they are suffering with such a loathsome disease, and always go about their business without anyone suspecting that he or she had ever worshiped at the shrine of Venus. When there are complications and they have the appearance of severe terminations, I treat them accordingly as indicated, and the gonorrhoea the same, as if they were not present. For instance, if bubo is present I put Unguentine on it three times a day, and if it is so far advanced that Unguentine will not prevent suppuration I cut it open and dress it with Unguentine, withdrawing the Urethral Crayons as soon as the suppuration ceases.

When orchitis or epididymitis is present, I put them to bed, suspend the testicles, anoint them with Unguentine and give internally potassii iodi in 5 to 30 drop doses t. i. d. in milk and keep on with the Urethral Crayons as long as there is any discharge but this does not last long after persistent introduction. It has been the custom not to treat the discharge when there is orchitis, bubo, or epididymitis, but since I have employed these crayons I find they have a decided influence over the enviroing, turgescient parts which is of great assistance in the successful management of these painful conditions and I attribute the excellent success which I have had and am having to the assistance of these medicated Urethral Crayons. They are long and slender and if there are strictures, or the urethral wall is in a most sensitive state, they can be passed with no pain or irritation by simply warming them a little, when they glide in with no resistance in the least, well down to the prostatic gland, and in the large number of cases I have treated I have never had one come to me without complications that did not go away cured in a very short while, without ever having the slightest symp-

tom of epididymitis, bubo, etc., when previous to the use of these crayons I was constantly in fear of inducing one of the above complications, or that they would spring up at any stage of the treatment. Now I never have the first suspicion of any complications when I get them at an early date. I do not put them on any particular diet or mode of living, as I consider that that is only adding to the annoyance of the already annoyed. I do, however, inform them that it would be wise to keep good hours, abstain from sexual intercourse, and all illicit conversations or anything that might induce frequent erections, but even this is hardly necessary as the crayons will usually prevent any such occurrence by their sedative action and effect.

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NORWICH,

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UNGUENTINE.

ONGUENT

Antiseptique, salulaire et restaurateur pour les
pansements chirurgicaux.

Formule modifiée de Sir Astley Cooper.

NOTRE FORMULE:

Alun, avec les propriétés irritantes éliminées, auquel on ajoute de l'Acide Carbolique et de l'Ichthyol, mélangés de Pétrole pur.

THERAPEUTIE:—L'Unguentine est une application topique et un remède efficace pour toutes les maladies inflammatoires et pour les affections internes lorsqu'un cataplasme est nécessaire. On s'en est servi à la place de graine de lin avec les résultats les plus satisfaisants, et il n'est pas nécessaire de chauffer l'Unguentine ni de changer les cataplasmes aussi souvent qu'avec la graine de lin; ainsi le danger des refroidissements dans les cas de maladies fébriles est évité, et la chaleur dure plus longtemps qu'avec le vieux remède. C'est surtout pour le traitement des maladies inflammatoires externes que l'Unguentine est efficace. Il n'y a aucun danger d'absorption, l'onguent est absolument antiseptique et entièrement thérapeutique, c'est un astringent puissant, calmant et non irritant. L'Unguentine est un désinfectant, possédant les propriétés résolvantes de l'Iode, mais ne causant pas la desquamation de la peau. On peut l'appliquer en toute sûreté aux surfaces visqueuses. Dans les cas d'affections douloureuses, tels que brûlures, clous, élévures, etc., cet onguent est anodin, rafraîchissant et calmant. Cependant la propriété la plus remarquable de l'Unguentine est sa puissance à cicatriser; et, si on suit avec soin les indications, on verra que la blessure ou le mal se guérira sans laisser de cicatrice.

Comme l'Unguentine est salulaire dans tous les cas d'inflammation, elle est aussi salulaire pour toutes les spécialités de la médecine, et si on s'en sert une fois il n'y a pas de docteur qui veuille s'en passer, et dans sa salle de consultations, et dans sa trousse de voyage.

INDICATIONS.

Avant d'appliquer l'Unguentine il faut laver avec de l'eau tiède et du savon la partie blessée, puis l'essuyer. Prenez assez de coton, de toile ou de charpie pour couvrir la blessure; et appliquez l'onguent en couche épaisse

sur le linge. Posez sur la blessure. L'application doit être ou arrêtée avec un bandage ou collée avec du taffetas d'Angleterre.

Pour Brûlures—L'application doit être renouvelée pendant les premières heures du traitement toutes les vingt minutes ou aussitôt que l'effet calmant de l'application est passé. Si on suit ces indications à la lettre la blessure se guérira sans laisser ni marque ni cicatrice. Plus la blessure est grave plus souvent il faut changer l'applicaton.

Pour les Hémorroïdes—Après chaque déjection et avant ee se coucher, les parties malades doivent être lavées, et l'Unguentine appliquée sur une canule ou sur du linge roulé en forme de cône et insérée.

Sur les surfaces écorchées, eczema, coupures et autres blessures, oignons, clous, mals blancs, l'application doit être renouvelée au moins trois fois par jour. Pour les ulcères et dans les cas d'inflammation chronique, telle que synovie, et pour la majorité des affections chroniques, un changement de bandage deux fois par jour sera suffisant.

Lorsqu'on se sert d'application pour une inflammation à la matrice ou au vagin, il ne faut pas se servir de coton absorbant. De la toile ou du coton non absorbant sont préférables. Dans certains cas il sera peut-être nécessaire de mélanger l'Unguentine, et alors, s'il le faut, on peut employer pour ce mélange de la vaseline ou aucun autre produit de pétroleum. Il faut renouveler l'application tous les jours.

Comme pansement chirurgical, après une opération, le chirurgien sera guidé par le caractère de l'opération pour le renouvellement du pansement. Nous n'offrons que comme suggestion que plus souvent l'application est renouvelée, plus on a de chances que la blessure se guérisse sans laisser de cicatrice défigurante. Nous avons connaissance d'un grand nombre de cas ou aucune cicatrice des tissus ne s'est formée.

L'Unguentine est approuvée et recommandée par les premiers médecins et les meilleurs chirurgiens des Etats-Unis et du Canada, et a été adoptée par tous les grands hôpitaux dans tout le pays, et nous sollicitons que le public compare l'Unguentine avec les onguents en usage.

FABRIQUÉE EXCLUSIVEMENT PAR LA SOCIÉTÉ PHARMACEUTIQUE DE NORWICH, NEW YORK, ETATS-UNIS D'AMÉRIQUE.

UNGUENTINE.

Eine antiseptische, heilende, und kräftigende Salbe
und Wundverband.

Sir Astley Cooper's modifizierte Formel.

UNSERE FORMEL.

Alaun—ohne dessen reizende Eigenschaften—Karbolsäure und Ichthyol,
verbunden mit einer reinen Petroleumbase.

THERAPEUTIK: Unguentine ist ein äusserliches Heilmittel, und als solches sehr wirksam in allen akuten und chronischen äusserlichen Entzündungskrankheiten, sowie auch bei solchen innerlichen bei denen ein erweichender Umschlag von Nutzen sein kann. Als Ersatz für Leinsamen wird es mit den besten Resultaten gebraucht, und ist es dabei nicht nöthig das Unguentine zu erwärmen oder den Umschlag so oft zu erneuern als dies mit ersterem der Fall ist. Die Gefahr des Erkältens bei Fieberkranken wird dadurch vermieden und die erwärmende Wirkung hält länger an als bei Leinsamen. Am wirksamsten zeigt sich jedoch Unguentine bei Behandlung von äusserlichen Entzündungen. In der Absorbirung desselben bei äusserlicher Anwendung liegt absolut keine Gefahr da es strikt antiseptisch ist, und obgleich therapeutisch ein starkes Adstringens, doch nicht reizend, sondern lindernd und besänftigend wirkt. Unguentine ist ein Deodorant. Es besitzt die auflösenden Wirkungen de Jod's, aber verursacht keine Abschuppung des Epidermis. Auf Schleinhäuten kann es reichlich ohne jede Gefahr gebraucht werden. Bei akuten schmerzlichen Verletzungen, wie Brand- und Brühwunden, Geschwüren, Karfunkeln, etc., wirkt es schmerzstillend, kühlend, und lindernd. Die hervorragende Eigenschaft des Unguentine ist jedoch seine wiederstellende Kraft, und wenn genau nach Vorschrift gebraucht, werden die Wunden in den meisten Fällen ohne Narben heilen.

Da Unguentine bei allen entzündeten Zuständen von Nutzen ist, wird es auch jedem Arzt willkommen sein, in allen Specialitäten, und ein einmaliger Versuch wird jeden Arzt veranlassen, es stets in seiner Office zu halten und auf der Praxis bei sich zu führen.

GEBRAUCHSANWEISUNG.

Vor dem Gebrauch des Unguentine muss der betreffende Körpertheil gut mit lauwarmen Wasser und Seife abgewaschen und abgetrocknet werden.

Dann nehme man genügend Baumwolle, Leinwand oder Lint um den verletzten Theil zu bedecken, bestreiche den Verbandstoff dick mit Unguentine, und lege ihn auf die Wunde. Befestige den Verband mit einer Binde oder Heftpflaster.

Bei Brand oder Brühwunden muss der Verband während der ersten Stunden alle zwanzig Minuten erneuert werden oder so bald als die kühlende Wirkung nachlässt. Wenn dies genau befolgt wird, heilt die Wunde ohne Narbe oder Entstellung. Je schlimmer die Brandwunde desto öfter muss der Verband erneuert werden.

Gegen Hämorrhoiden. Nach jedem Stuhlgang und vor dem Schlafengehen reinige man dem leidenden Theil sorgfältig und führe ein mit Unguentine bestrichenen Zäpfchen von Baumwolle oder Lint ein.

Bei Hautabschürfungen, Ekzem, Schnitt- und anderen Fleischwunden, Schwielen, Furunkeln, und Umlauf an Fingern, sollte Unguentine wenigstens drei mal täglich aufgelegt werden. Bei Geschwüren, chronischen Entzündungen, wie Synovitis, und überhaupt bei den meisten chronischen Leiden, genügt es, den Verband zwei mal täglich zu erneuern.

Bei Anwendung gegen Entzündungen des Uterus oder der Vagina gebraue man keine absorbirende Baumwolle. Lint, nicht absorbirende Baumwolle oder Holzwohle, sind vorzuziehen. In manchen Fällen ist es rathsam das Unguentine etwas zu verdünnen, wozu sich Vaseline oder irgend eine reine Petroleumbase eignet. Der Verband muss täglich erneuert werden.

Nach chirurgischen Operationen muss der Arzt je nach dem Charakter der Wunde entscheiden wie oft ein neuer Verband nöthig ist. Wir möchten hier nur erwähnen, dass die Aussicht auf Heilung ohne entstellende Narbe um so besser ist, je häufiger der Verband erneuert wird. In einer grossen Anzahl von Fällen erfolgte so die Heilung ohne Narbenbildung.

Unguentine wird von den bedeutendsten Aerzten und Chirurgen Amerika's und Canada's empfohlen und verschrieben und wird in den grossen hiesigen Hospitälern angewendet, und wir empfehlen es mit anderen seither angewandten Verbandmitteln genauestens in seinen Wirkungen zu vergleichen.

UNGUENTINE.

Unguento y Aplicación Quirúrgica Antiséptica, Emoliente y Restaurativa.

FÓRMULA DE SIR ASTLEY COOPER,--MODIFICADA.

(NUESTRA FÓRMULA.)

Al alumbre, cuyas cualidades irritantes han sido eliminadas, se le ha agregado Acido Carbólico é Ictiol, en combinación con una base pura de petrolato.

TERAPEUTICA: La Unguentine es una aplicación tópica y se hallará que es un remedio eficaz para todas las enfermedades inflamatorias ó agudas, y en todos aquellos padecimientos externos en que se requieran cataplasmas. Ya se ha empleado como sustituto de la linaza, con los mas satisfactorios resultados, pues no se necesita calentar la Unguentine, ó cambiar de cataplasmas con tanta frecuencia como con la linaza, evitando de este modo el peligro de "resfriamiento," en las enfermedades febriles y se retiene el calor por mas tiempo que con el antiguo método. Sin embargo, en el tratamiento de las enfermedades inflamatorias externas, es especialmente en donde la Unguentine tiene mayor eficacia. No hay absolutamente riesgo alguno por su absorcion, pues es estrictamente antiséptica y aunque en la terapeutica es un poderoso astringente, sin embargo, es calmante y no irritante. La Unguentine tambien es deodorizante. Posée las cualidades resolventes del Iodo, más no ocasiona la exfoliación de la epidérmis. Puede ser aplicada sin riesgo alguno á las superficies mucosas. En las afecciones agudas ó dolorosas, como las quemaduras, escaldaduras, tumores, carbunclos, etc., también opera como un ano lino de carácter refrescante, y es calmante en sus efectos. La caulidad mas notable de la Unguentine, es sin embargo, su poder restaurativo y si se siguen con cuidado las direcciones dadas, se encontrará que la herida sanará sin dejar ninguna cicatriz.

Como la Unguentine está indicada en todos los casos en que existe inflamación, es de útil aplicación en todas las especialidades de la medicina, y si se prueba una sola vez, ningun médico querrá carecer de ella, ya teniéndola en su oficina, ó sus alforjas ó en el cajon del carruaje.

DIRECCIONES.

Antes de aplicarse la Unguentine, se deberá lavar perfectamente la parte con agua tibia y jabón, secándola después. Tómese la cantidad suficiente de algodón, género de lino ó lintin, para cubrir el lugar, y extiéndase el unguento en buena cantidad. Colóquese luego sobre la parte enferma. Este aposito, deberá sujetarse con una venda ó asegurarse con emplastos adhesivos.

EN CASO DE QUEMADURAS Y ESCALDADURAS. El áposito deberá cambiarse, durante las primeras horas, cada veinte minutos ó tan pronto como haya pasado el efecto refrescante. Si se siguen bien estas direcciones, la herida sanará sin dejar cicatriz ó marca alguna. Mientras más serio sea el estado, tanto más frecuente debe de hacerse la renovación del vendaje.

PARA LAS ALMORRANAS. Despues de cada desposición y antes de acostarse, deben de asearse las partes, y aplicárse la Unguentine en un cono de lintina ó de algodón, é introducirse despues.

En superficies escoriadas, eczema, cortadas y otras heridas de la carne, en callos lastimados, tumores y sietecueros, la aplicación debe hacerse á lo menos tres veces al día. En úlceras y en estado inflamatorio crónico, tales como en sinovitis y en la mayoría de las afecciones crónicas, será suficiente que se cambie el vendaje regularmente dos veces al día.

Cuando se aplique á estados inflamatorios del útero y de la vagina, no se debe de emplear el algodón absorbente. Es preferible la lintina ó algodón no absorbente ó lana vegetal. En ciertos casos será necesario desleirla un poco, y puede emplearse para ello la vaselina ó cualquiera otro producto del petróleo. Debe de hacerse todos los dias una aplicación fresca.

Como cura, despues de operaciones quirúrgicas, el cirujano deberá regirse por la índole de la operación, en lo relativo á la frecuencia del cambio de la aplicación. Solo sugerimos que mientras mas frecuentemente se haga una nueva aplicación, tanto mayor será la posibilidad de que se cierre la herida sin dejar ninguna cicatriz. Conocemos gran numero de casos en los cuales no se ha presentado ningun tejido cicatrizante.

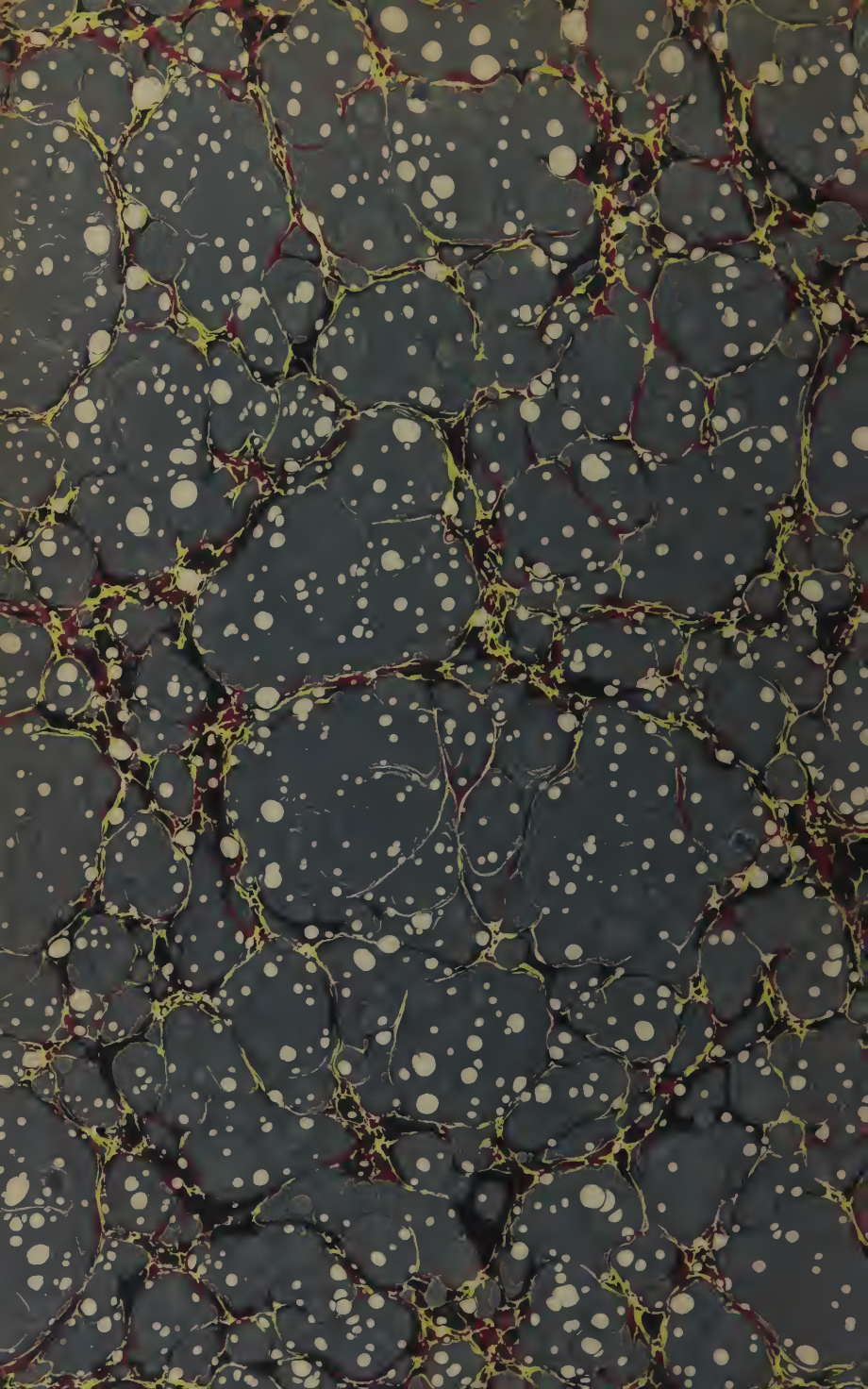
LA UNGUENTINE está recomendada y recetada por los médicos y cirujanos principales de los Estados Unidos y del Canadá, y se ha adoptado por los grandes hospitales en todo el país y le invitamos á que haga la comparación mas crítica entre la Unguentine y todas aquellas aplicaciones que hasta ahora ha estado Vd. empleando.

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